



CHESTNUT RIDGE ENTRY FORM



HORSE NAME _____
RIDER NAME _____ **circle JR(under 18) SR**
STREET ADDRESS _____
CITY _____ **ST** _____ **ZIP** _____ **PHONE** _____
E-MAIL ADDRESS _____
TRAINER NAME _____

CLASS #	DIVISION / TEST/ DESCRIPTION	FEES
STABLING	STABLE WITH:	NO. OF STALLS
OFFICE CHG		\$10.00
		TOTAL

RELEASE OF LIABILITY: PLEASE READ BEFORE SIGNING. The undersigned competitor and any signing parent/guardian or owner hereby agrees to release the management of this competition, their officers, directors, employees, members or agents representatives and managers of the grounds of Chestnut Ridge o any loss, damage, liability or injury arising out of or resulting from this competition or competitors participation or entry there in, including negligent acts or omissions of the management of the competition of their officers, directors, employees, or agents, representatives and managers of the grounds of Chestnut Ridge.

Please send completed entry form, check made payable to “CHESTNUT RIDGE” and current or prior year Coggins test copy to:

CHESTNUT RIDGE
7913 Chestnut Ridge Rd.
GASPORT, NY 14067
www.chestnutridgequestriancenter.com

RIDER SIGNATURE OR PARENT/GUARDIAN IF UNDER 18 YRS

SIGNED _____ **DATE** _____