



The Cutter Farm

2010 Fall Series

2-Phase & Dressage Show

710 Mammoth Road, Dracut, MA 01826
 Phone: 978-957-4161 Fax: 978-405-5002
 Web: www.cutterfarm.com E-mail: info@cutterfarm.com

Notice:
 Negative Coggins
must accompany each
 entry, or entry will not
 be processed.

Pick Show Date: Sunday, Sept. 26 Sunday, Oct. 17 **Close:** Thursday prior

ENTRY FORM

Rider: _____ Junior (< 18) Senior
First *Last* *Age as of Jan. 1, 2010*

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

To receive dressage/stadium ride times

Emergency Contact for Day of event: _____
First *Last* *Phone w/area code*

Horse's Name: _____ *(one entry form per horse/rider combination)*

Owner: _____ Barn/Trainer: _____

Breed: _____ Sex: _____ Age: _____ Height: _____ Color: _____

2-Phase Division *☞* **\$60 Members - \$65 Non-Members** *(horse/rider combo may ride only 1 division)*

- | | |
|--|--|
| <input type="checkbox"/> Pre-Elementary 18" X-Rails ('07 Intro Test A) | <input type="checkbox"/> Novice 2'11" jumps ('10 Novice Test A) |
| <input type="checkbox"/> Pre-Elementary 22" jumps ('07 Intro Test B) | <input type="checkbox"/> Training 3'3" jumps ('10 Training Test A) |
| <input type="checkbox"/> Elementary 2'3" jumps ('10 Beg. Nov. Test A) | <input type="checkbox"/> Preliminary 3'7" jumps ('10 Prelim Test A) |
| <input type="checkbox"/> Beginner Novice 2'7" jumps ('10 Beg Nov. Test A) | <input type="checkbox"/> Extra Jump Round – unjudged
<i>(\$10 w/2-phase entry, \$20 without)</i> |

Dressage (per test) *☞* **\$25 Members - \$30 Non-members** *('07 tests) Ride as many tests as you wish.*

- | | |
|---|---|
| <input type="checkbox"/> Intro Test A (Walk/Trot) | <input type="checkbox"/> Intro Test B (Walk/Trot) |
| <input type="checkbox"/> Training Test 1 <input type="checkbox"/> Training Test 2 | <input type="checkbox"/> Training Test 3 <input type="checkbox"/> Training Test 4 |
| <input type="checkbox"/> Test of Choice: _____ | ★ All tests ridden in the small arena |

2-Phase Total \$ _____

Dressage Total \$ _____

Extra Jump Round \$ _____

Total Amount \$ _____

Mail entries to:
 The Cutter Farm
 710 Mammoth Rd.
 Dracut, MA 01826

Refunds/Changes: Refunds and/or changes subject to \$20 office fee. No refunds after closing date.

RELEASE

I understand that horseback riding is a high risk sport and I am participating at my own risk. I assume this risk and further do hereby release and hold harmless and indemnify the organizer, organizing committee, sponsors, judges, and officials, their officers, agents, employees, and volunteers, the host, and their agents of this competition, and the owners of the property where the event is to be held, from all liability and/or negligence resulting in accidents, damage, injury or illness to myself and/or my agents, and to my property, including the horse or horses at this event.

WARNING – Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

SIGNATURE _____

(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18 YEARS OF AGE)