

## Iowa Dressage and Combined Training Association

Schooling & Championship Show Entry Form

Name of Competition – Autumn Antics Schooling Show

Competition Date - October 11, 2025

Please **print** all the information.

| HORSE - Show name  |                           | Class #                      | Fee-   |
|--|---------------------------|------------------------------|--------|
|  |                           | Division – Jr AA             | Open   |
| Breed  |                           | TOC-                         |        |
| Year of Birth Gend   | ler Color                 | Class #                      | Fee-   |
| rear of Birth Gend   | ler Color                 | Division – Jr AA             | A Open |
|  |                           | TOC-                         |        |
| Rider Name   |                           | Class #                      | Fee-   |
|  |                           | Division - Jr AA             | A Open |
| Age (if under 22)  | IaDCTA Member - Yes or No | TOC-                         |        |
| Street Address   |                           | Class #                      | Fee-   |
| City, State, Zip Code  |                           | Division – Jr AA             | Open   |
|  |                           | TOC-                         |        |
| Email Address  | Cell Phone #              | Class #                      | Fee-   |
|  |                           | Division – Jr AA             | Open   |
| Name of Emergency Contact Person Cell Phone #  |                           | TOC-                         |        |
| Name of Parent or Guardian (if rider is under age 18) Cell Phone #   |                           | Class #                      | Fee-   |
| Name of Parent of Guardian (if fluer is und  | Division – Jr AA          | Open                         |        |
|  |                           | TOC-                         |        |
| Owner Name   |                           | Class #                      | Fee-   |
|  |                           | Division – Jr AA             | Open   |
| Email Address  | Cell Phone #              | TOC-                         |        |
| Trainer (Must be age 18 or over and prese  | ent during the show)      |                              |        |
| Name  Cell Phone #  Release/waive form must be signed by adult or parent of minor.   |                           | Subtotal of Class Fees       |        |
|  |                           | laDCTA Non-member fee        |        |
|  |                           | (Rider and/or Owner) \$15    |        |
|  |                           | Office fee (\$5 per show) -  |        |
| Enter on-line. Send a digital copy of the entry form  cello2002@hotmail.com  Payment may be shared using Pay Pal Indeta(105@gmail.com) |                           | Late fee (\$5 per class) -   |        |
|  |                           | Returned Check fee (\$50 )-  |        |
|  |                           | Non-Compete Horse (\$20)     |        |
|  |                           | Other (ex. IaDCTA Membership |        |
|  |                           | or Horse Nomination) -       |        |
|  |                           | ,                            |        |
| Please add \$2 to the total to cover Pay   |                           | Total -                      |        |
| riease and \$2 to the total to cover Pay   | rai processing rees.      |                              |        |