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| C:\Users\Owner\Desktop\IaDTCA memberships\IaDCTA logo.jpg | Iowa Dressage and Combined Training Association  Schooling & Championship Show Entry Form  Name of Competition(s)-  Competition Dates- |

Please **print** all information.

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| |  | | --- | | **HORSE -** Show name **USDF #** | | Breed | | Age Gender Color |      |  | | --- | | **RIDER** Name **USDF# and Age (if under 18)** | | Street Address | | City, State, Zip Code | | Cell Phone # | | Email Address | | Name of Emergency Contact Person  Cell Phone # | | Name of Parent or Guardian (if rider is under age 18)  Cell Phone # |  |  | | --- | | **Owner** Name **USDF #** Cell Phone # | | **Trainer** (Must be age 18 or over and present during the show)  Name Cell Phone # | | **Coach** (if applicable) Name Cell Phone # |   **Release/waive form must be signed by adult or parent of minor.**  Make checks payable to **IaDCTA**. Mail entry and payment to:  **Carmen Pierce** [**crpierce1977@gmail.com**](mailto:crpierce1977@gmail.com)  **13236 NE 104th St., Maxwell, IA 50161** **(515) 494-9008** | |  |  |  |  | | --- | --- | --- | --- | | **Class #** | **Division (Jr, AA, Open)** | **Class Title**  **TOC- state level and test** | **Fee** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Subtotal of Class Fees** -  **IaDCTA Non-member fee** (Rider or Owner) $15/show -  **Office fee** ($5 per show) -  **Late fee** ($5 per class) -  **Returned Check fee** ($50)-  **Non-Compete Horse** ($20)-  **Other** (ex. IaDCTA Membership/Horse  Nomination ) -  **Total -**  Payment may be charged at **IaDCTA.org**  Sponsorship/Donations tab  Show Fee account |