

PONY CUP QUALIFIER

Royal Canadian Riding Academy, Cedar Valley ON, Sept. 6th & Oct. 5th

Closing Dates: Sept. 1st/Oct. 1st *NO FAX ENTRIES* Please email entries to canponycups@gmail.com or mail entries c/o Michael Ward, 154 Parkinson Cres. Orangeville, ON, L9W 6X3

		FEE	SEPT 7 th	OCT 12 th	TOTAL				
Name of Owner: Address:		Class Entry \$85	□ IH □ US	□ IH □ US					
Telephone:	Email:	Post Entry after closing date \$175							
Owner's OE#:	or Personal Liability Insurance Policy#	Stall per day \$60							
Handler's Name:	Handler's OE#:	Shavings per bag \$10							
Rider's Name:	Rider's OE#:	Admin fee per pony \$30							
Name of Pony:		Payment Information:	Subtot	al					
Breed & Registration #:		Cheque payable to: Canar Sport Horse Association E-transfer to							
Sex: Da	ite of Birth:	csha@canadian-sport- horse.org, or by Credit Ca below							
Breeder:	Dam:		5.6.11						
Sire:	Dam's Sire:	Name on Credit Car	Name on Credit Card:						
		─────	□ Visa □ MC CC#:						
Class: Sept 6/25 IH	☐ US Oct 5/25 ☐ IH ☐ US	Expiry: /	Signatu	re:					
PLEASE NOTE Drug testing may be applied as outlined in the General Rules & Regulations of the RAWF competition book.	I hereby give permission to the Canadian Sport Horse Association (CSHA) to use my name, horse ownership details and/or a photo of myself and/or my horse in conjunction with a CSHA event being reported in the CSHA newsletter, and in articles or reports of activities used in radio, newspapers, CSHA website, or other media which may be utilized by the CSHA for publicity or communications purposes. Check the box below if you do not wish to give permission. Initials: Opt out The organizers/volunteers of the Canadian Sport Horse Association or the Ontario Chapter of the CSHA will not be held responsible for any accident, loss, death or injury to persons, horses or properties of exhibitors or spectators while attending the above show. Name:								



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STALLS ARE \$60 PER DAY (overnight is considered 2 days)									
Name of Owner:									
Address:									
Telephone:									
Email:									
NAME OF PONY(S	<u>S)</u>								
NAME OF PONY		DATES REQUIRED		STABLING INSTRUCTIONS (i.e. Stabling with someone, or stallion)					
FEES please carry forward to the Entry Form									
TOTAL STA (\$60 per stall, per day considered 2	- overnight is								
TOTAL SHAV (\$10 per ba									