

# CANADIAN SPORT HORSE ASSOCIATION ONTARIO CHAPTER

## **ENTRY FORM**

### HANDLER CLINIC WITH ROBYN BAECHLER

Saturday, October 18<sup>th</sup> – 10 am Start – Someday Farm

Complete one form per horse/pony.

| Auditors can sign the statement below and then skip to the second page  |  |      |  |  |
|---|--|------|--|--|
| NAME OF HORSE/PONY:   |  |      |  |  |
| SEX:  |  | AGE: |  |  |
| NAME OF OWNER:  |  |      |  |  |
| OWNER'S CSHA #:   |  |      |  |  |
| ADDRESS:  |  |      |  |  |
| TELEPHONE:  |  |      |  |  |
| EMAIL:  |  |      |  |  |
| OWNER'S PROVINCIAL ASSOCIATION # OR PERSONAL LIABILITY INSURANCE POLICY#  |  |      |  |  |
| HANDLER'S NAME:   |  |      |  |  |
| HANDLER'S PROVINCIAL ASSOCIATION #:   |  |      |  |  |
| PARENT/GUARDIAN'S NAME FOR JUNIOR HANDLER:  |  |      |  |  |
| TELEPHONE:  |  |      |  |  |
| "I hereby give permission to the 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 social media, CSHA website, or other media which may be utilized by the CSHA for publicity or communications purposes." |  |      |  |  |
| Initials: Opt out   |  |      |  |  |
| The organizers/volunteers of the Canadian Sport Horse Association 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 clinic.   |  |      |  |  |
| Name:   |  |      |  |  |



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### HANDI FR CLINIC WITH ROBYN BAFCHI FR

Saturday, October 18th – 10 am Start

#### Someday Farm

5192 Winston Churchill Blvd. Erin. ON

#### **IMPORTANT INFORMATION FOR PARTICIPANTS:**

- Participants bringing a horse/pony must provide their own hay and water buckets. Shavings
   will be included in the cost of a stall rental
- Registered CSHA members bringing a horse or pony are eligible for a \$20 discount on their clinic pass fee. Please note, this does not apply to auditors
- Lunch will be provided for all auditors and participants. Please note that we cannot guarantee allergen-free food offerings. If you have dietary restrictions, please notify us by email

|  | FEE   | NUMBER<br>NEEDED              | SUB-TOTAL |
|--|-------|-------------------------------|-----------|
| AUDITOR PASS   | \$40  |                               |           |
| CLINIC PASS<br>(HORSE OR<br>PONY)  | \$100 |                               |           |
| STALL  | \$60  |                               |           |
| PAYMENT INFORMATION Payments can be made by cash or cheque at the clinic |       | CSHA DISCOUT (if applicable): | - \$20    |
|  |       | FINAL TOTAL:                  |           |