

CN Equine Services LLC

hosted at

SLM Dressage



Schooling Dressage Show Entry Form

Rider: _____ Birthdate: _____
Address: _____ City: _____ State: _____
Email: _____ Phone: _____
Division: _____ SR _____ JR/YR
Horse: _____ Breed: _____
Age: _____ Color: _____ Height: _____ Gender: _____
Owner: _____ Phone: _____
Address: _____
Trainer: _____

Class Name: _____

Fees

select one:

__5/2/26

__6/19/26

__10/17/26

Total Class Fees: _____

Office Fee: _____

\$10.00

Late Fee: _____

\$20.00 (if applicable)

Total Enclosed: _____

Hold Harmless Clause: Understanding that horse sports may be hazardous and dangerous, even leading to permanent injury or death; each owner, rider, spectator and other participant assumes any and all risk of loss / injury, and agrees to hold harmless, regardless of negligent acts or omissions, SLM Dressage LLC, Dressage Experience Show Mgmt, the Burgess and Clark Family, the State of New Jersey, the Show Management, the Show Committee and all horse show personnel. I HEREBY ENCLOSE MY ENTRY WHICH IS MADE AT MY OWN RISK AND SUBJECT TO THE CONDITIONS AND REGULATIONS OF USDF, ESDCTA, ECRDA AND SUDDENLY FARM. I UNDERSTAND THAT THE ORGANIZING COMMITTEE, THE HOST AND THE PROPERTY OWNERS ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, DAMAGE, LOSS, INJURY, OR ILLNESS TO THE HORSES, EQUIPMENT, OWNERS, RIDERS, EMPLOYEES, ATTENDANTS, SPECTATORS, VOLUNTEERS, OR ANY OTHER PERSONS OR PROPERTY, IN CONNECTION WITH THIS ACTIVITY.

Rider's Signature: _____ Owner's Signature: _____
Parent's Signature (if under the age of 18): _____ Date: _____

Mail Entries to Stephanie Mason

150 Kings Road, Westampton NJ 08060

Items to be included in your entry:

- ☐ Completed and signed entry form
- ☐ Payment: Check made out to SLM Dressage
- ☐ Proof of negative coggins certificate (must have been pulled within one year of the date of show)
- ☐ Proof of EHV-1 (Flu/Rhino) Vaccination done within the past 6 months as required by USEF Rule [GR845](#).

no entries accepted without payment