



561 60th St SE
 Salmon Arm, BC V1E 1W4
 250-253-1416
 woodcreekequestrian@gmail.com



COMBINED TEST DAY MONDAY MAY 23

COMBINED TEST

X-Rails: Dressage: Equine Canada Walk/Trot Test A
 Starter: Dressage: 2016 Entry Test 1; Stadium: Max. 2'3"
 Pre-Entry: Dressage: 2016 Entry Test 1; Stadium: Max. 2'6"
 Entry: Dressage: 2016 Entry Test 2; Stadium: Max. 2'9"
 Pre-Training: Dressage: 2016 PT Test 1; Stadium: Max. 3'2"
 Training: Dressage: 2016 Training Test 1; Stadium: Max. 3'5"
 Preliminary: Dressage: 2016 Prelim Test 1; Stadium: Max. 3'7"

DRESSAGE ONLY

Please indicate level and test of choice HTBC or Equine Canada

Rider's Name: _____ Horse's Name: _____ Age: _____
 Address: _____ City: _____ PC _____
 Phone Number: _____ Email: _____
 Owner: _____ Signature: _____

Combined Test level _____	\$ 50	\$ _____
Additional Show Jump Round \$10 *immediately after the first round		\$ _____
Dressage Test only _____	\$ 25 per test.	\$ _____
Late Entry Fee	\$ 15	\$ _____
GST		\$ _____

ENTRIES MUST BE IN BY MAY 16. E-TRANSFER PAYMENTS WILL BE ACCEPTED. TIMES WILL BE POSTED BY MAY 20.



Every entry at Woodcreek Equestrian agrees not to hold the organizers of the clinic/competition, Woodcreek Equestrian, the owners of the property and any employees or agents of such persons harmless for any loss, damage, or injury resulting directly or indirectly from participation in the clinic/competition. The participating horse owner, rider, and any other agents, relatives, or representatives acknowledge that they participate voluntarily in the clinic/competition **FULLY AWARE THAT HORSE SPORTS AND THE CLINIC/COMPETITION INVOLVE INHERENT DANGERS AND RISKS.** By participating they expressly assume any and all such risks of injury or loss and they agree to not hold Woodcreek Equestrian and the sponsors, and organizers of the clinic/competition and the owners of the property for any injury or loss suffered during, or in connection with the clinic/competition, whether or not the such injury or loss resulted directly or indirectly from the negligent acts or omissions of said Woodcreek Equestrian, the organizers of the clinic/competition, the owners of the property and any employees of such persons.

Rider Signature: _____
 Rider Horse Council # _____ Parent or Guardian Signature _____
 (If rider is under 18)

Please attach copy of HCBC cards

This is a non-smoking property. Dogs must be on a leash at all times.

