

USE SEPARATE FORM FOR EACH HORSE/RIDER COMBINATION
ENTRIES TO BE MAILED TO: **CITY OF OAKS SCHOOLING SERIES, ATTN: CARRIE LARSEN,**
6801 WINDING RIDGE RD., ZEBULON, NC 27597

SHOW DATE: _____ RIDER: _____

JR/PRO/AA: _____ DOB (JUNIORS): _____

ADDRESS: _____

CITY, STATE, ZIP: _____ E-MAIL: _____

PHONE: _____ HORSE: _____

TRAINER: _____

CLASSES: _____

NUMBER OF CLASSES x \$10ea.: _____ REFUNDABLE NUMBER FEES: **\$5.00**

EARLY ENTRY CREDIT (MUST BE RECEIVED WITH PAYMENT THE WEDNESDAY BEFORE THE SHOW) -
\$5.00: _____

EMT FEE: **\$5.00**

OFFICE FEE: **\$3.00**

TOTAL DUE: _____ (MAKE CHECKS PAYABLE TO: **CITY OF OAKS SCHOOLING SERIES**)

*****WARNING*****

UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

CITY OF OAKS HUNTER/JUMPER SCHOOLING SERIES, ITS OWNERS, EMPLOYEES, VOLUNTEERS AND IDLEWILD FARM, STORYBROOKE FARMS, HOPE FARM AT CEDAR FORK CREEK, ITS OWNERS OR EMPLOYEES WILL NOT BE HELD RESPONSIBLE FOR INJURY OR DEATH TO HORSE OR RIDERS OR ANY INDIVIDUAL, OR SPECTATOR, NOR WILL THEY BE RESPONSIBLE FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY.

TRAINER SIGNATURE: _____

RIDER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (IF RIDER A MINOR): _____

Credit Card: _____

Exp: _____ CVV: _____

Card Holder's Name (as it appears on card): _____

Card Holder signature: _____