

The Peter Smoot Memorial VRH Show

Carmel Valley Trail & Saddle Club
85 E. Garza Rd., Carmel Valley, CA 93924

Division: _____ (Open, Advanced, Intermediate, Limited, Novice, Youth, Walk/Trot)

Rider: _____ GS Member No. _____

Horse: _____ Reg/WS# _____

Horse Owner: _____ Reg/WS# _____

Phone: _____ Email: _____

Show and Clinic Entries

- Friday Trail & Rope Handling Clinic **\$100**
- Saturday Cutting & Reining Clinic **\$150**
- All-Around Show Entry **\$450**
- Youth All-Around Entry **\$400**

Individual Class Entries

- Ranch Cutting **\$180**
- Ranch Cow Work **\$150**
- Ranch Reining **\$70**
- Ranch Riding **\$70**
- Ranch Trail **\$70**

Overnight Pens & Camping

- Overnight Pens/ Night **\$30**
- Camping/ Night **\$10**

Specify Night(s) _____

For more information/questions,
Please contact:

Sara Clifford (831) 747-7547 or
Harlee Burtschi (209) 549-6563

Required Fees \$43

- GSVRHA \$15, WSVRHA \$20, and CA Drug Fee \$8

Note: Each rider **must** be a current member of GSVRHA & WSVRHA and each horse must have a completed Horse ID through GSVRHA to be eligible for placings and year-end point accumulation

Optional Add-Ons

- Select Rider (subdivision Rider +60) **\$40**
- Jr. Horse (subdivision horse 3-5) **\$40**
- Limited Open (subdivision rider) **\$30**

Total Fees: _____

* Pen and Camping information on liability form;
please complete both forms and include with
entry

Please make entry check payable to:

SARAH CLIFFORD HORSE TRAINING

Mail Entries to:

Harlee Burtschi
6780 Martin Lane
Ione, CA 95640

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UNDERSTANDING THE RULES: By Signing and submitting an entry form, the Participant certifies that he/she has read, understands, and agrees to the guidelines of the WSVRHA and GSVRHA guidelines and rules. He/she further certifies that all information on the entry form is true and correct.

PARTICIPANT'S NAME: _____

RELEASE OF LIABILITY: By Signing below I/We are waiving our right, if any, to claim against, maintain an action against, or recover from any equine activity, sponsors, equine professionals, or any other person for injury, loss, damage, or death resulting from an inherent risks of this equine activity. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging, and rules of the respective organizations involved with this event. I/We hereby release GSVRHA, WSVRHA, Sarah Clifford, Sarah Clifford Training, and Carmel Valley Trail and Saddle Club, its Agents and Employees, and other involved organizations and its members and employees from any loss to myself, employees, horses, and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made part of this entry agreement. In addition, the general understanding of any publication, video, and internet consent and release agreement, is incorporated in this release including: no monetary considerations, photo or verbal statements may be used now or in subsequent years as the program deems fit, is binding upon heirs and/or future representatives.

DOG POLICY: No dogs are permitted on the T&SC grounds during a show or clinic. The Trail & Saddle Club is a horse facility, and the safety of horse and rider is our first priority. Thank you for your cooperation. Please check box below.

[] I understand

PARTICIPANT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

MINOR PARTICIPANT'S NAME _____ DATE _____

PENS AND CAMPING INFORMATION:

I need _____ pen(s) for _____ nights* at \$30 per stall per night. Please bring your own shavings, water bucket and feed. Please clean stall before leaving. Thank you!

*nights (please circle): Thursday Friday Saturday Sunday

I will dry camp at the cost of \$10/night (if yes, please check box)

_____ TOTAL DUE for pens and/or camping.