



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

2017 Entry Form

Dressage & Para-Dressage Competitions

Rider: _____
Street: _____
Town/State/Zip: _____
Phone: _____
Email: _____

Horse: _____
Breed: _____
Sex: _____
Height: _____
Color: _____
Year of Birth: _____
Coggins Date: _____

Horse Owner: _____
Street: _____
Town/State/Zip: _____
Phone: _____
Email: _____

Class #	Class Name	Entry Fee
		\$50
		\$50
		\$50

If using a program horse, riders are limited to one test.

Subtotal Class Fees	
Office Fee	\$5
Stall Fee	\$10
Overnight Stabling	\$25
Program Horse Fee (Groom/Braid)	\$25
TOTAL FEES	

office use only Name: Date:	Date Received: Entry #:
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A current coggins and a signed copy of our release of liability are required for registration

Rider Signature: _____ **Print Name:** _____

Owner Signature: _____ **Print Name:** _____

Parent Signature: _____ **Print Name:** _____

(required if rider is under 18)

www.carlisleacademymaine.com

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