



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	Date Received:	Entry #:
Name:		
Date:		

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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