



PONY CUP QUALIFIER

Royal Canadian Riding Academy, Cedar Valley ON, Sept. 7th & Oct. 12th

Closing Dates: Sept. 1st/Oct. 6th ***NO FAX ENTRIES*** Please email entries to canponycups@gmail.com
or mail entries c/o Michael Ward, 154 Parkinson Cres. Orangeville, ON, L9W 6X3

Name of Owner: _____

Address: _____

Telephone: _____ Email: _____

Owner's OE#: _____ or Personal Liability Insurance Policy# _____

Handler's Name: _____ Handler's OE#: _____

Rider's Name: _____ Rider's OE#: _____

Name of Pony: _____

Breed & Registration #: _____

Sex: _____ Date of Birth: _____

Breeder: _____ Dam: _____

Sire: _____ Dam's Sire: _____

Class: **Sept 7/24** IH US **Oct 12/24** IH US

FEE	SEPT 7 th	OCT 12 th	TOTAL
Class Entry \$85	<input type="checkbox"/> IH <input type="checkbox"/> US	<input type="checkbox"/> IH <input type="checkbox"/> US	
Post Entry after closing date \$175			
Stall per day \$60			
Shavings per bag \$10			
Admin fee per horse \$30			
Payment Information: Cheque payable to: Canadian Sport Horse Association E-transfer to csha@canadian-sport-horse.org , or by Credit Card below	Subtotal		
	HST# 124664186 + 13%		
	Grand Total		
Name on Credit Card: _____			
<input type="checkbox"/> Visa <input type="checkbox"/> MC CC#: _____			
Expiry: / Signature: _____			



PLEASE NOTE
Drug testing may be applied as outlined in the General Rules & Regulations of the RAWF competition book.

I hereby give permission to the Canadian Sport Horse Association (CSHA) to use my name, horse ownership details and/or a photo of myself and/or my horse in conjunction with a CSHA event being reported in the CSHA newsletter, and in articles or reports of activities used in radio, newspapers, CSHA website, or other media which may be utilized by the CSHA for publicity or communications purposes. *Check the box below if you do not wish to give permission.*

Initials: _____ *Opt out*

The organizers/volunteers of the Canadian Sport Horse Association or the Ontario Chapter of the CSHA will not be held responsible for any accident, loss, death or injury to persons, horses or properties of exhibitors or spectators while attending the above show.

Name: _____ Date: _____



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STALLS ARE \$60 PER DAY
(overnight is considered 2 days)

Name of Owner:

Address:

Telephone:

Email:

NAME OF PONY(S)

NAME OF PONY

DATES REQUIRED

STABLING INSTRUCTIONS (i.e. Stabling with someone, or stallion)

FEES please carry forward to the Entry Form

TOTAL STALLS
(\$60 per stall, per day – overnight is considered 2 days)

TOTAL SHAVINGS
(\$10 per bag)