

SHOW NAME: Sacramento Valley Chapter (CDS) Schooling Show						
PLEASE PRINT ALL INFORMATION CLEARLY						
Show Date:			Office Use:			
Name of Horse	Breed	Sex	Height	Color		
Sire	Dam	Country of Birth		Year Born		
Class #	Class Description			Fees		
OWNER Name			Subtotal Class Fees (\$20 ea: 3/\$50)			
Address				CDFA \$5.00		
City/State/Zip				Late Fee @ \$15.00		
Phone				Entry Charge @ \$15.00		
Email				TOTAL FEES		
			Please Make Check Payable to: "SVCCDS"			
RIDER Name			Mail entry and release form to: Yolanda Irigon 4721 Valley End Lane Fairfield, CA, 94534			
Address						
City/State/Zip						
Phone						
Email						
JR Rider Birthdate	SVC Member? Yes No				Postmark NLT 10 days before show	
COACH Name (if applicable)						
Adult on grounds responsible for horse:						
Please Complete and Attach Liability Release Form						