



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

2018 Entry Form
Dressage & Para-Dressage
Competitions

Rider: _____

Horse: _____

Street: _____

Breed: _____

Town/State/Zip: _____

Sex: _____

Phone: _____

Height: _____

Email: _____

Color: _____

Year of Birth: _____

Coggins Date: _____

Horse Owner: _____

Street: _____

Town/State/Zip: _____

Phone: _____

Email: _____

Class #	Class Name	Entry Fee

Subtotal Class Fees	
Office Fee	\$5.00
Stall Fee	\$10.00
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

65 Drown Lane • Lyman, Maine 04002 • Phone: 207-985-0374 • Fax: 207-985-7937 • info@carlisleacademymaine.com