



# CIEF ENTRY FORM

OFFICE USE ONLY BRIDLE NUMBER

COMPETITION NAME \_\_\_\_\_ COMPETITION DATE \_\_\_\_\_

NAME OF HORSE	HORSE OWNER	AGE	SEX	HEIGHT

NAME OF RIDER	DoB	SEX	CIEF MEMBER	TRAINER
			Y    N	

CLASS CODE	CLASS DESCRIPTION	FEES

<b>RIDER</b>
LOCAL ADDRESS:
PHONE: _____ CELL: _____
EMAIL ADDRESS:
<b>OWNER (IF DIFFERENT FROM ABOVE)</b>
LOCAL ADDRESS:
PHONE: _____ CELL: _____
EMAIL ADDRESS:
<b>TRAINER (IF DIFFERENT FROM ABOVE)</b>
LOCAL ADDRESS:
PHONE: _____ CELL: _____
EMAIL ADDRESS:

SUBTOTAL CLASS FEES	
CIEF MEMBERSHIP	
OFFICE FEE	\$10.00
LATE ENTRY FEE	
CIEF DONATIONS	
<b>TOTAL</b>	

<b>I ENCLOSE:</b>	
	TOTAL \$ _____
CHEQUE Info.	
Payment Confirm.	PMT DATE _____

I understand that horse riding is a dangerous sport and I hereby agree to release, indemnify and hold harmless CIEF, its directors, officers, agents and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this CIEF event and all related activities. I also hereby agree to release, indemnify and hold harmless the organizing committee and members, the show committee and members, show management and the ground jury of any CIEF event from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this CIEF event. I also consent to CIEF's use of any photographic image of myself or my minor child taken at this CIEF event.

PRINT NAME (PARENT SIGN IF RIDER A MINOR)	SIGNATURE