

Entry #

CATRA OPEN SCHOOLING SHOWS 2024

Date

Only 1 Entry # per rider. No cross entering.

| | | |
|------------------|---------------------------|---|
| Rider Name | Phone | |
| Street Address | Horse/Pony/Miniature Name | |
| City, State, ZIP | Stable Name | Are you riding English and/or Western? Check 1 or both: () English () Western |
| | Instructor Name | |



KEY: P = Pairs M = Mini Only H = In-Hand D = Line Driving

CHOOSE 1 (ONE) GROUP. NO CROSS ENTERING!

| Indicate Horse/Pony/Miniature Name Next to Class # | Circle the class numbers you are entering. | | | | Setup of Pairs Partners & Horses for Pairs Division <i>Print Names of Riders & Horses Below</i> |
|--|--|----------------------|---------------------|----------|--|
| | Assisted | Walk-Trot 12 & Under | Walk-Trot 13 & Over | Advanced | |
| | 1 M | 1 M | 1 M | 1 M | Class 11 - 1st Rider & 1st Horse |
| | 2 M | 2 M | 2 M | 2 M | Rider: |
| | 3 M | 3 M | 3 M | 3 M | Horse: |
| | 4 | 9 | 9 | | Class 11 - 2nd Rider & 2nd Horse |
| | 5 | 10 | 10 | 10 | Rider: |
| | 6 | 13 | 13 | 11 P | Horse: |
| | 7 | 14 | 14 | 12 | |
| | 8 | 15 | 15 | 13 | Class 20 - 1st Rider & 1st Horse |
| | 15 | 16 | 18 | 14 | Rider: |
| | | 17 | 19 | 15 | Horse: |
| | | 20 P | 20 P | 20 P | Class 20 - 2nd Rider & 2nd Horse |
| | | 21 P | 21 P | 21 P | Rider: |
| | | | | 22 | Horse: |
| | | | | 23 | |
| | | | | 24 | Class 21 - 1st Rider & 1st Horse |
| | | | | 25 | Rider: |
| | 26 | 27 | 27 | 27 | Horse: |
| | 28 | 29 | 29 | 29 | Class 21 - 2nd Rider & 2nd Horse |
| | 30 M | 30 M | 30 M | 30 M | Rider: |
| | | 30 H | 30 H | 30 H | Horse: |
| | | 30 D | 30 D | 30 D | |
| | 31 | 32 | 33 | 34 | Class 36 - 1st Rider & 1st Horse |
| | | 35 | 35 | 35 | Rider: |
| | | 36 P | 36 P | 36 P | Horse: |
| | 37 H | 37 H | 37 H | 37 H | Class 36 - 2nd Rider & 2nd Horse |
| | 37 D | 37 D | 37 D | 37 D | Rider: |
| | 38 | 39 | 39 | 40 | Horse: |
| | 41 M | 41 M | 41 M | 41 M | |
| | 42 H | 42 H | 42 H | 42 H | |
| | 42 D | 42 D | 42 D | 42 D | |

Classes are \$10.00 each, payable to CATRA.



| |
|--|
| Total Fees: _____ Cash / Check # _____ |
|--|

I understand that no liability can be accepted by the Capital Area Therapeutic Riding Association and/or its representatives, or by the Twin Brooks Horse Show Association and/or its representatives in the event of any injury to horse or person, and/or loss or damage of equipment.



| |
|--|
| Signature of Parent/Guardian or Rider 18 or over |
|--|

