

HORSE NAME _____ **Age** _____ **Gender** _____ **Breed** _____ **Colour** _____ **Recording #** _____

OWNER NAME _____
Owner Address _____
Town/Prov _____ **Postal Code** _____
Phone _____ **Cell** _____
Email _____
Owner EC# _____ **OEF#** _____
 I have read the conditions on this entry form and hereby agree to all of the terms.
Owner Signature _____

RIDER NAME _____
Rider Address _____
Town/Prov _____ **Postal Code** _____
Phone _____ **Cell** _____
Amateur _____ **Junior** _____ **DOB:** _____
Email _____
Rider DC/EC# _____ **OEF#** _____
Rider Signature _____

I have read the conditions on this entry form and hereby agree to all of the terms:
NAME (print) _____
Person Responsible Signature _____
EC Sport License # _____
Parent/Guardian Signature _____
 (required for all junior riders)
TRAINER _____

PLEASE READ CAREFULLY – No entry will be accepted without proper signatures.

I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, CornerStone, the competition, their officials, organizers, agents, employees and their representatives. The Person Responsible (PR) agrees to the release of any information on the entry form to EC.

Class #	GOLD Class Description	Day	If entering Test of Choice indicate here the test to be ridden	Fee

Alternative Payee: Prize Money is automatically paid to the owner. Please provide address below if different from owner.
Name _____
Address _____

Postal Code: _____

CORNERSTONE
 674541 Hurontario Street,
 Mono, Ontario, L9W 5S1
 Phone: 519-941-2340
 Fax: 519-941-8096
 csfhorses@aol.com
 www.cornerstonefarms.com

Total Entry Fees	
Administration Fee	\$50.00
Camper Fee @ \$175 per camper	
Stalls/Tack Rooms @ \$185 each # _____	
Shavings @ \$7.00 each # _____	
Fax / Email Fee without payment @ \$10	
EC Drug Fee	\$7.00
Paramedic Fee	\$6.00
Sub Total	
HST @ 13%	
Sub Total	
DC Levy	\$10.00
Total	