

Northern Ohio Dressage Association (NODA) - 2017 Schooling Show Entry Form

Rider's Name: _____ Birth Date if Jr/YR: _____	FOR OFFICE USE ONLY Postmarked _____ Check # _____ Amount _____ Coggins _____
Horse's Name: _____ Horse's Age: _____ (One Horse/Rider combination per Entry Form)	
Show Location: _____ Show Date: _____	

Check Status: Junior/YR Adult Am. Pro Check Coggins Information: Enclosed Previously Sent Will Bring to Show

Are you participating in the team competition? Yes No. *Team members must submit separate team form. See prize list.*

Check classes entered	Fee per class	No. of Classes	Amount Enclosed
Novice USDF Intro Test A ___ Test B ___ Test C ___	\$15.00		
USDF Introductory Test A ___ Test B ___ Test C ___	\$15.00		
Novice Training Level Test 1 ___ Test 2 ___ Test 3 ___	\$20.00		
Training Level Test 1 ___ Test 2 ___ Test 3 ___	\$20.00		
First Level Test 1 ___ Test 2 ___ Test 3 ___	\$20.00		
Second & Above Level /Test _____ Level /Test _____	\$20.00		
Misc. Test of Choice State Test _____	\$20.00		
Equitation Western _____ Dressage Seat _____	\$10.00		
USEF Rider TOC Train. ___ First ___ Second ___	\$20.00		
Western Intro Level Test 1 ___ Test 2 ___ Test 3 ___ Test 4 ___	\$20.00		
Western Basic Level Test 1 ___ Test 2 ___ Test 3 ___ Test 4 ___	\$20.00		
Western Level One Test 1 ___ Test 2 ___ Test 3 ___ Test 4 ___	\$20.00		
USEA Eventing TOC Level /Test _____ Level /Test _____	\$20.00		
Lead Line (all fees are waived)	None	None	
Office fee (REQUIRED on every entry form)			\$10.00
Non-NODA Member Fee - ADD \$20			\$20
TOTAL ENCLOSED \$			

Signatures below indicate acknowledgement of the following: UNDER OHIO LAW, AN EQUINE ACTIVITY OWNER/OPERATOR IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO HOUSE BILL 564. Neither NODA, the host stable, nor the show officials shall be responsible for any damage, injury, or loss to persons, horses, or property of exhibitors or spectators. I also agree that as a condition of and in consideration of acceptance of my entry, the competition (NODA) may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or NODA. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including and claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Rider's Signature (REQUIRED) _____ Owner's Name (REQUIRED) _____

Parent/guardian Signature (REQUIRED for rider is not yet 18) _____

Signature(s) of other rider(s) such as trainer, groom (REQUIRED if mounted) _____

Rider contact (REQUIRED): Address _____ Phone _____

City, State, ZIP _____ E-mail _____

Trailing with _____ Travel time _____ Trainer/Coach _____

STABLING Call the host stable for availability and arrangements for stalls. Do not include stall fees with entry form.

Lake Erie College	May 21	330-807-2948	Sweetwater Eq. Ctr	June 18	440-725-4045
Chagrin Valley Farms	July 9, Oct. 7, Oct 8	440-543-7233	Rocky River Stables	Sept. 10 (limited)	216-267-2525
South Farm	Aug. 13	440-632-550			

PAYMENT METHODS (Receipt will be sent to e-mail above)

1. Check made payable to NODA
 2. Credit Card or PayPal payment- Available with ONLINE Signup ONLY
- Sign Up Online at: www.HorseShowOffice.com
 For help with Online Signup, go to SCHOOLING page of the NODA website
www.NodaRider.org or e-mail SchoolingShow@nodarider.org

Payment by Check with Entry to:

Niki Sackman
26335 Cranage Road
Olmsted Falls, OH 44138
ss-secretary@nodarider.org
(440) 454-4709