



Blue Ribbon Ventures Schooling Dressage Shows

Hosted by Far Meadow Farm & Emily Eamond Dressage
12 County Rd, Morris CT 06763

***High Score Awards for Juniors, Amateurs, Open and Overall ***

** Approved for CT Dressage Association Year End Award Points **

June 9, 2024 – Judge: Karry Brothers, “L”

Opening Date: April 28 Closing Date: June 7

July 19, 2024 – Judge: Matthew Beasley “L”

Opening Date: June 9 Closing Date: July 17

September 8, 2024 – Judge: Krystal Wilt “r”

Opening Date: July 28 Closing Date: Sept 6

*For Information or Questions Contact: Naomi Gauruder

203-650-3148 ~ BHCHorseshows@gmail.com

*Prizelist, Ride Times & additional information listed on www.BHCHorseshows.com

*Mail Entries to: Blue Ribbon Ventures, PO Box 901, Brookfield, CT 06804

*Email Entries to: BHCHorseshows@gmail.com

*Copies of Coggins and proof of Flu/Rhino MUST be included with your entry form

*Payment accepted by Check, Venmo or Credit Cards

Checks payable to: Blue Ribbon Ventures

If emailing entries please venmo or include credit card info. If paying via snail mail check, please note payment MUST be received before entries are processed.

*With discussion & prior approval, trainers may hold entries with a credit card and clients pay day of show with a \$25 late payment fee per entry

*All Tests will be held in the standard/large Indoor arena, warm up ring outdoors

USDF 2023 Introductory A, B, C

USEF 2023 Training Level 1, 2, 3

USEF 2023 First Level 1, 2, 3

USEF Second Level and above & Western Dressage – please state tests

*No Cross entry restrictions or limits on number of tests per horse.

*Horses may show in the same test with different riders.

*Schooling available Saturday before the shows, 12 Noon – 6PM at \$30/horse

Please contact Naomi at 203-650-3148 to schedule

ENTRY FORM

Blue Ribbon Ventures
PO Box 901, Brookfield, CT 06804

Copies of Coggins and Flu/Rhino MUST be submitted with your entry form

Horse Name _____ Show Date _____

Rider Name _____

Rider Phone _____ Rider Email _____

Rider Classification _____ Junior _____ Amateur _____ Open/Pro

Owner Name _____

Owner Phone _____ Owner Email _____

Trainer Name _____

Trainer Phone _____ Trainer Email _____

Tests (please select):

USDF Intro _____ A _____ B _____ C

USEF Training _____ 1 _____ 2 _____ 3

USEF First Level _____ 1 _____ 2 _____ 3

Additional Tests (please list) _____

Tests _____ @ \$35 CDA Member = _____

Tests _____ @ \$40 Non-CDA Member = _____

Office Fee _____ \$20

Total: _____

*Checks payable to: Blue Ribbon Ventures

*Credit Card # _____

Exp date: _____ CVC: _____ Zip: _____

Assumption of Risk, Waiver and Indemnification

I AGREE in consideration for my participation in this Competition to the following. I choose to participate voluntarily in the competition. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, serious bodily injury and death. I agree to expressly assume all risks of Harm to me or my horse. I agree to hold harmless, Blue Ribbon Ventures, Emily Eamond Dressage, Far Meadow Farm and all staff and employees from all claims for money damages or otherwise for any Harm to me or my horse that occurs by nature, even in Harm results from direct or indirect negligence of the Competition.

Rider _____ Owner _____ Trainer _____