



Governor General's Cup & Lieutenant Governor General's Cup

Royal Canadian Riding Academy, Cedar Valley ON, Sept. 11th & Oct. 2nd

Closing Dates: Sept. 5th/Sept. 27th *NO FAX ENTRIES* Please email entries to cancupclasses@gmail.com or mail entries c/o Michael Ward, 154 Parkinson Cres. Orangeville, ON, L9W 6X3

Name of Owner: _____

Address: _____

Telephone: _____ Email: _____

Owner's OE#: _____ or Personal Liability Insurance Policy# _____

Handler's Name: _____ Handler's OE#: _____

Rider's Name: _____ Rider's OE#: _____

Name of Horse: _____

Breed & Registration #: _____

Sex: _____

Date of Birth: _____ Breeder: _____

Sire: _____ Dam's Sire: _____

Class: **Sept 11/22** GG LG **Oct 2/22** GG LG

FEE	SEPT 11 th	OCT 2 nd	TOTAL
Class Entry \$85	<input type="checkbox"/> GG <input type="checkbox"/> LG	<input type="checkbox"/> GG <input type="checkbox"/> LG	
Post Entry after closing date \$175			
Stall per day \$60			
Shavings per bag \$10			
Admin fee per horse \$30			
Payment Information: Cheque payable to: Canadian Sport Horse Association E-transfer to csha@canadian-sport-horse.org , or by Credit Card below	Subtotal		
	HST# 124664186 + 13%		
	Grand Total		
Name on Credit Card: _____			
<input type="checkbox"/> Visa <input type="checkbox"/> MC CC#: _____			
Expiry: / Signature: _____			



PLEASE NOTE
Drug testing may be applied as outlined in the General Rules & Regulations of the RAWF competition book.

I hereby give permission to the Canadian Sport Horse Association (CSHA) to use my name, horse ownership details and/or a photo of myself and/or my horse in conjunction with a CSHA event being reported in the CSHA newsletter, and in articles or reports of activities used in radio, newspapers, CSHA website, or other media which may be utilized by the CSHA for publicity or communications purposes. *Check the box below if you do not wish to give permission.*

Initials: _____ *Opt out*

The organizers/volunteers of the Canadian Sport Horse Association or the Ontario Chapter of the CSHA will not be held responsible for any accident, loss, death or injury to persons, horses or properties of exhibitors or spectators while attending the above show.

Name: _____ Date: _____



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STALLS ARE \$60 PER DAY
(overnight is considered 2 days)

Name of Owner:

Address:

Telephone:

Email:

NAME OF HORSE(S)

NAME OF HORSE	DATES REQUIRED	STABLING INSTRUCTIONS (i.e. Stabling with someone, or stallion)

FEES please carry forward to the Entry Form

TOTAL STALLS (\$60 per stall, per day – overnight is considered 2 days)	
TOTAL SHAVINGS (\$10 per bag)	