Event Inquiries/Organizing Committee - Email - info@covesidestables.com

Note: This is NOT a sanctioned competition. This is an opportunity for you to train in a competition-like environment.

Jumper Day Begins at 9:00 a.m.					
Division 1	0.6M Jumper				
Division 2	0.8M Jumper				
Division 3	0.9M Jumper				
Division 4	1.0M Jumper				
Division 5	1.1M Jumper				
Division 6	1.15M Jumper				
Division 7	1.20M Jumper				
All Divisions consist of two classes: 1 Welcome and 1 Speed					

## **RULES**

- 1. The Coveside Jumper Training Day, Coveside Stables Limited, its management, organizing committee, officials, volunteers, or employees are in no way responsible for accident, injury, or damage to any rider, spectator, groom, attendant, trainer, or other person on the grounds, animals, theft, loss or damage to animals, vehicles, equipment or personal property. **NSEF MEMBERSHIP IS MANDATORY FOR HORSE OWNER AND RIDER.**
- 2. There is <u>NO STABLING</u> for this event. Ship-ins only. Visitors must obey parking signs attendants and park in designated areas.
- 3. Coveside Jumper Day takes place in the Coveside Grand Prix Ring. First class at 9:00 a.m.
- 4. Warm up available in the indoor.
- 5. Back numbers must be worn at all times. Back numbers will not be issued until all fees are paid in full.
- 8. Divisions will be combined or cancelled if not enough entries at closing date.
- 9. On grounds first aid provided by KMF Athletic Therapy.
- 10. Ribbons to 6<sup>th</sup> place. All prizes sponsored by Greenhawk Harness & Equestrian. Each 1<sup>st</sup> place winner entered in a draw for a \$100 Greenhawk gift card.
- 11. Fees: All divisions: \$30; Individual class: \$15
- 12. Please send in your entries by May 20, 2015 to avoid line ups in the competition office. Thanks for your cooperation.
- 13. Cheques payable to COVESIDE STABLES. Mail completed entry and fees to: **Coveside Stables Jumper Training Day, P.O. Box 719, Chester NS BOJ 1J0**
- 14. Questions? info@covesidestables.com

ENTRY #
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## 2015 COVESIDE STABLES JUMPER TRAINING DAY ENTRY FORM

Horse Name:				
Owner Name:		Rider Name:		
Owner NSEF#		Rider NSEF#		
Owner Address:		Rider Address:		
Owner Phone:		Rider Phone:		
Owner Email:		Rider Email:		
PLEASE COMPLE	ETE FULLY AND LEGIBLY. ALL EN	NTRIES MUS	ST BE ACCOMPANIED	BY PAYMENT.
Division #	Division or	Class Name		Fee:
			Total:	
			HST (15%)	
			Total Enclosed:	
	ALL CHEQUES PAYABLE	TO <u>COVES</u>	<u>IDE STABLES</u>	
	<u>RELI</u>	<u>EASE</u>		
MUST BE S	SIGNED BY RIDER, OWNER (IF D	IFFERENT)	AND PARENT OF MIN	IOR CHILD
Ventures Inc., its membe arising from my participa	with these activities and I here ers, employees, officers, directo ation in this event (and from the nowever it occurs, during the Coerstand this Release.	rs, owners, e participat	and volunteers of ar ion of my minor child	ny claim or liability I in this event), from
Signed:		Date:		
PRINT NAME – RIDER				
Signed:		Date:		
PRINT NAME – OWNER				
Signed:		Date:		
PRINT NAME - PARENT				