

## 2020-2021 PHA Dressage Entry Form

Please fill out this entry form completely  
Entries close ONE week before the show date.

Please mail to:  
Jennifer LaVecchia  
Parkland Horseman's Association  
14531 Greenbriar Place, Davie, FL 33325

Handler/Rider: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Horse: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Trainer's Name: \_\_\_\_\_

Class Number	Class Description	Fees
_____	_____	Dressage Fee (\$25): _____
_____	_____	Membership: _____
_____	_____	Per Class Fee (\$15): _____
_____	_____	Non-Compete Fee (\$10): _____
* Check#: _____	Cash: _____	Total: _____

\* Please write checks payable to: Parkland Horseman's Association

I hereby agree to the Parkland Horseman's Association (PHA) rules Regulations. PHA and/or the City of Parkland assumes no liability for the participant/applicant and his/her horse or personal property. Participant/Guardians/Owner shall not hold PHA and/or the City of Parkland for damages or injuries to person, personal property or livestock resulting from participation in any or all PHA sponsored event or activities.

Liability Signature/Parent/Guardian/Rider: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent \_\_\_\_\_ or don't consent \_\_\_\_\_ to allow PHA to use photographs and or videos of me or my child to advertise and highlight PHA activities on print media, television, publications and advertising, providing such uses are not make so as to constitute a direct endorsement by me of any product or service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_