



2024 FINALE HORSE SHOW ENTRY FORM

EMAIL VARENNAEQUESTRIAN@SHAW.CA

It is your responsibility to confirm receipt of entries. All entries received after the closing date will be considered late and under the consideration of the Varenna Equestrian Organizing Committee.

RIDER INFORMATION			
LAST NAME		FIRST NAME	
PROVINCIAL FEDERATION #		NATIONAL FEDERATION #	
STREET ADDRESS		CITY	PROVINCE/STATE
POSTAL/ZIP CODE	PHONE #	EMAIL ADDRESS	
BIRTH DATE	<input type="checkbox"/> JUNIOR <input type="checkbox"/> AMATEUR	EMERGENCY CONTACT NAME & NUMBER	
COACH NAME		COACH FEDERATION # (MANDATORY)	

HORSE INFORMATION			
AS LISTED IN THE HORSE REGISTRATION OR OFFICIAL PAPERS			
HORSE NAME		REGISTRATION # (NOT REQUIRED)	<input type="checkbox"/> EQUESTRIAN CANADA <input type="checkbox"/> FEI <input type="checkbox"/> USEF
GENDER	COLOUR	YEAR FOALD	COUNTRY OF BIRTH
BREED	SIRE	DAM SIRE	
I WANT TO STABLE WITH: (PLEASE INDICATE NAME OF BARN/STABLE)			

OWNER INFORMATION		
AS LISTED IN THE HORSE REGISTRATION OR OFFICIAL PAPERS		
LAST NAME	FIRST NAME	NATIONAL FEDERATION #
or CORPORATION NAME		IS THIS HORSE FULLY CANADIAN OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS		PHONE #
STREET ADDRESS	CITY, PROVINCE/STATE	POSTAL/ZIP CODE



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WAIVER

I certify that every horse and rider listed on this form is eligible as entered and agree for myself and my representatives to be bound by the constitution and rules of EC at this competition. I further certify that the rider will wear a properly fitted ASTM or BSI approved helmet at all times when mounted anywhere on the tournament grounds. I understand that all equestrian sports involve inherent risks of injury and understand further that no helmet or protective equipment can protect completely against all foreseeable injury. I accept this risk and hold harmless the Alberta Equestrian Federation, Equestrian Canada, F.E.I., Varena Equestrian and each of their officials, organizers, agents, directors, officers, employees, and representatives against any personal injury, property damage, claims, costs or loss relating to my participation in this tournament (A802.4). I have received and had the opportunity to review the Varena Equestrian schedule (Prize List). I understand and agree for myself and each of my representatives to be bound by and comply with the rules and regulations set out in the Prize List General Information including, without limitation:

- THE EQUESTRIAN CANADA RULES AND REGULATIONS, INCLUDING BUT NOT LIMITED TO VACCINE REQUIREMENTS FOR INDIVIDUALS AND HORSES.
- THE VARENNA EQUESTRIAN CODE OF CONDUCT.
- THE VARENNA EQUESTRIAN RULES AND REGULATIONS.
- THE BIOSECURITY PROTOCOLS, UNDERSTANDING THAT THEY ARE BASED ON CURRENT REGULATIONS AND MAY CHANGE WITH LITTLE NOTICE.
- THE VARENNA EQUESTRIAN LIABILITY CLAUSE.
- THE VARENNA EQUESTRIAN RECOGNITION OF MEDIA, INTELLECTUAL PROPERTY AND SPONSORSHIP RIGHTS.

I understand that the tournaments are also governed by the rules and regulations of the Canadian Center for Ethics in Sport. I am familiar with and agree to comply with these further rules and regulations. I further understand that all Varena Equestrian tournaments will be governed by the laws of Alberta and Canada, and any suspicious activities will be reported to the proper authorities.

In the event that I/rider listed above participates in an Equestrian Canada sanctioned competition where protective headgear is required for juniors, he/she/they will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions. (A802.6). The person responsible agrees to the release of any information on the entry form to Equestrian Canada.

SIGNATURE

PRINTED NAME

SIGNATURE OF PARENT/GUARDIAN FOR JUNIORS

THE FINALE HORSE SHOW

SEPTEMBER 18TH – 22ND, 2024

CLOSING DATE – SEPTEMBER 8TH, 2024

PLEASE WRITE IN THE DIVISION NAME AND CLASS NUMBERS AS PER THE PRIZE LIST THAT YOU WISH TO ENTER

DIVISION NAME

CLASS NUMBERS

DIVISION NAME	CLASS NUMBERS



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ADMINISTRATION & OTHER FEES

ADMINISTRATION FEE	PARAMEDIC FEE	PHOTOGRAPHY FEE
\$90.00	\$40.00	\$5.00
SUBTOTAL OF ALL FINALE HORSE SHOW COMPETITION & ADMINISTRATIVE FEES		\$135.00
<p>ADDITIONAL FEES BASED ON SANCTIONING:</p> <ul style="list-style-type: none"> \$5.00 AEF LEVY FEE - WILL BE APPLIED TO ALL ENTRIES COMPETING IN AEF SANCTIONED CLASSES. \$10.00 JUMP ALBERTA LEVY FEE - WILL BE APPLIED TO ALL ENTRIES COMPETING IN VARENNA EQUESTRIAN TOURNAMENTS. <p>CREDIT CARD CONVENIENCE FEE 3.5% WILL AUTOMATICALLY BE APPLIED TO ALL PAYMENTS TAKEN VIA CREDIT CARD</p>		

STABLING FEES

TOURNAMENT	HORSE/PONY STALL	+ # TACK STALLS	= TOTAL # OF STALLS	X STALL PRICE	TOTAL AMOUNT
FINALE HORSE SHOW	1			X \$250	

HAUL-IN FEES

TOURNAMENT	DAY STALL (INCLUDES THE HAUL-IN FEE)	HAUL-IN FEE	TOTAL OF HAUL-IN FEES
FINALE HORSE SHOW	# OF DAYS ____ X \$65.00 = \$	# OF DAYS ____ X \$30.00 = \$	

FEED & BEDDING

TOURNAMENT	SIMPLY STRAW	SHAVINGS	ALFALFA/GRASS HAY	TIMOTHY GRASS HAY	TOTAL OF FEED & BEDDING
FINALE HORSE SHOW	# ____ X \$12.50 = \$	# ____ X \$12.50 = \$	# ____ X \$20.00 = \$	# ____ X \$20.00 = \$	\$
TOTAL OF FEED & BEDDING FEES					\$

PAYMENT SUMMARY

TOTAL ADMINISTRATION FEES FOR THE FINALE HORSE SHOW	\$135.00
TOTAL STABLING FEES FOR THE FINALE HORSE SHOW	\$
TOTAL HAUL-IN FEES FOR THE FINALE HORSE SHOW	\$
TOTAL FEED & BEDDING FEES FOR THE FINALE HORSE SHOW	\$
(IF SUBMITTING AFTER CLOSING DATE) \$50.00 LATE FEE	\$
SUB-TOTAL OF ALL FEES	\$
+ 5% GST	\$
GRAND TOTAL	
FULL PAYMENT ENCLOSED	\$

YOUR ENTRY FORM IS CONSIDERED INVALID IF NOT ACCOMPANIED BY FULL PAYMENT. IF YOUR ENTRY FORM IS RECEIVED WITHOUT FULL PAYMENT ON/BEFORE THE CLOSING DATE YOUR ENTRY WILL BE ASSESSED WITH A LATE FEE OF \$50.00 AND WILL BE SUBJECT TO THE APPROVAL OF THE VARENNA EQUESTRIAN ORGANIZING COMMITTEE. CHEQUES RETURNED N.S.F. AND/OR DECLINED CREDIT CARDS WILL BE SUBJECT TO A \$60.00 FEE. THE HORSE NAME ON ALL HEALTH DOCUMENTS MUST MATCH THE NAME UNDER WHICH THE HORSE HAS BEEN ENTERED. COGGINS/VACCINATIONS MUST BE VALID FOR THE FULL TIME THE HORSE IS ON THE TOURNAMENT GROUNDS.



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PERSON RESPONSIBLE

FULL NAME	NATIONAL FEDERATION #	SIGNATURE
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FORM OF PAYMENT

PAYABLE TO VARENNA EQUESTRIAN

<input type="checkbox"/> PERSONAL CHEQUE <ul style="list-style-type: none">ALL ENTRIES MUST INCLUDE CREDIT CARD INFORMATION EVEN IF THEY ARE BEING PAID VIA PERSONAL CHEQUE.		
<input type="checkbox"/> E-TRANSFER <ul style="list-style-type: none">ALL ENTRIES MUST INCLUDE CREDIT CARD INFORMATION EVEN IF THEY ARE BEING PAID VIA E-TRANSFER.EMAIL ADDRESS FOR E-TRANSFER - JULIE@VARENNAEQUESTRIAN.COM		
<input type="checkbox"/> CREDIT CARD <ul style="list-style-type: none">IF YOU INTEND TO CLOSE OUT YOUR ACCOUNT VIA CREDIT CARD, PLEASE BRING THE CARD WITH YOU AT CLOSE-OUT.		
CARD NUMBER (NO NUMBERS ARE KEPT ON FILE FROM PREVIOUS TOURNAMENTS)		
CARDHOLDER NAME	EXPIRY DATE	CVV
BY SIGNING THIS DOCUMENT, I AUTHORIZE VARENNA EQUESTRIAN TO CHARGE THE ABOVE CREDIT CARD FOR ALL AMOUNTS DUE TO VARENNA EQUESTRIAN WITH RESPECT TO THE ENCLOSED ENTRY. I UNDERSRAND THAT FAILURE TO CLOSE OUT THIS ACCOUNT IN PERSON WITHIN 2 DAYS OF THE END OF THE TOURNAMENT WILL RESULT IN AN ADDITIONAL \$10.00 + GST FEE ON TOP OF ANY AMOUNTS OUTSTANDING.		
SIGNATURE OF CARDHOLDER		