



**Chagrin Valley Hunter Jumper Classic**  
**Saturday, July 17, 2010**  
**Entry Form ONLY for**  
**USHJA International Hunter Derby Classic**

| Horse's Name         | Color                | Sex                  | Height               | Yr. Foaled           | USEF Horse #         | Sire                 | Dam                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Rider's Name         | Division for Points to be Credited (Classic Points Credited to Rider's Division) | USHJA/USEF #         |
|----------------------|----------------------------------------------------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/>                                                             | <input type="text"/> |

**Horse Owner Information (Mandatory)**

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/E-mail \_\_\_\_\_  
 USHJA/USEF # \_\_\_\_\_

**Trainer Information (Mandatory)**

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/E-mail \_\_\_\_\_  
 USHJA/USEF # \_\_\_\_\_

**Rider Information (Mandatory)**

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/E-Mail \_\_\_\_\_  
 USHJA/USEF # \_\_\_\_\_

**Entry Fee Total**

**Total Fee Due**

Exhibitors please note: Prize money will not be paid unless a social security/tin number is provided by payee

Prize money recipient is owner unless specified: Social Security/Tin:

|                          |                          |                          |                          |                      |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Owner                    | Rider                    | Trainer                  | Coach                    | Mandatory            |

Please send entry with open check:

Checks payable to: **CVPHA Horse Show**  
 Mail entries to: CVPHA  
 C/O Gail Tobin  
 351 Aurora St.  
 Hudson, OH 44236