



SLADS Spring Dressage Schooling Show

Saturday, May 2, 2009



CLOSING DATE: April 25, 2009

JUDGE: Ken Borden (L) Graduate

RIDE TIMES AVAILABLE: April 28, 2009

MANAGER: Sandi Lewis

Phone: 563 631 0289

E-MAIL: cslewis@hughes.net

WEB SITE: www.slads.org

(Prize list can also be downloaded from our web site)

DRESSAGE CLASSES

1. Introductory Level A (walk-trot)

5. First Level 2

2. Introductory Level B (walk-trot)

6. First Level 4 – Fix a Test

3. Training 2

7. Second Level and above – Test of Choice *

4. Training Level 4 – Fix a Test

8. Second Level and above -Test of Choice*

*Please specify on entry. Rider may ride more than one test. Classes will be split if entries warrant.

This show is designed to offer a low key-type setting. Bring your “greenies” and beginning riders.

Place: National Equestrian Center, 6880 Lake St. Louis Blvd, Lake St. Louis, MO 63367

Directions: From HWY 40, go South on Lake St. Louis Blvd approx 1.5 miles. NEC is at LSL Blvd and Hwy N

Attire: Informal (breeches, boots, hard hat). No braiding.

Arenas: Indoor Arena B with warmup indoors next to Arena B

Stabling: \$50 per stall

Food: A full concession stand will be available.

Fees: \$15.00 per class for non-SLADS members, \$10 per class for SLADS members.. A full refund will be provided before closing date, minus a \$20.00 office fee.

No refunds on or after closing date. Entries received after closing date will be assessed a late fee of \$20.00.

Coggins: Mail copy of negative Coggins with entry. Out of state horses must have a Health Certificate.

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Classes Entered	Name of Horse	Rider	Owner	Fee

Make as many copies of entry blanks as you need. One horse/rider per entry blank.

Make checks payable to SLADS

Class fee: _____

Stall fee: _____

Total fees: _____

Address of Competitor: _____ Telephone: _____

Special Requests: _____

Agreement to hold harmless: In consideration of acceptance of this entry, I agree to hold harmless any directors, officers, or members of St. Louis Area Dressage Society, as well as any owners or agents of National Equestrian Center from any claim of loss or accidental injury or death which may be alleged to have been caused directly or indirectly to myself, child, or horse.

Signature of Rider _____ Owner's Signature _____

Parent/Guardian Signature (if rider is under 21) _____

Mail entries/fees to: Judy Simms, 12549 Hyfield, DeSoto, MO 63020

636 586 5584 jesimms@earthlink.net