LOWER ISLAND EQUESTRIAN CLUB
2009 PERCENTAGE DAY ENTRY FORM

PLEASE PRINT

RIDER	**TELEPHONE**
HORSE	**2009 HCBC NUMBER**
RIDER LEVEL (Jr. Sr. or Open)	**LIEC MEMBER yes___ no___ (tick)**

DATE OF SHOW: Please tick: Sunday May 3rd ____ Saturday August 20th ____
Tests Offered: DC Walk/Trot Test B; USEF Test of Choice; FEI Test of Choice; Freestyle riders may ride 1 Dressage test only.
***LIST TESTS IN ORDER OF PREFERENCE*. Indicate x2 if you wish to ride the same test twice - only first mark will count towards year end awards.**

Indicate test of choice in order of preference. Fees - $20 first test (includes Ring User fee);$16/second test. Non–Members add $5/test	**Fees Enclosed**
Test 1	
Test 2 separate cheque	
Total Amount	

It is hereby recognized that all equestrian sports involve inherent risk and there is no helmet or protective equipment that can protect against all foreseeable injury. I hereby recognize this risk and hold harmless the owners of the grounds and facilities or their employees, the Show or its officials and organizers. Neither North and South Saanich Agricultural Society, Elk Beaver Lake Equestrian Society, Lower Island Equestrian Club nor the organizers will be held responsible in any way for damage, injury or loss to persons, horses and/or property of spectators, owners, riders or grooms. I understand I may be responsible for fulfilling my volunteer duty even though I may have scratched from the show.

Date: _____

Signatures: _____ _____ _____
Rider Owner Parent/Guardian (under age 19)
IF THE OWNER IS NOT THE RIDER, PLEASE ATTACH PROOF OF OWNER'S HCBC MEMBERSHIP
ALL RIDERS ARE EXPECTED TO VOLUNTEER OR PROVIDE SOMEONE WHO CAN HELP IN THEIR PLACE. I CAN VOLUNTEER FOR: Set up____ Runner____ Scribe____ Scoring____ Whipper In____ Take trailer to EBLES____ Tear Down____ Judges Snacks____ Return trailer after show____ .

Name:_____ Phone:_____ will help instead.
Every attempt will be made to place you where you ask to help and your ride times will be taken into consideration but you may be asked to take on a role other than the one you have indicated.

Make cheques payable to LIEC and mail to: LIEC, PO Box 45, Saanichton, BC, V8M 2C3.

For more information contact Dianne Moore (652-5189 or diannemoore@shaw.ca)