Healing Strides of VA

Date: Saturday 9/9/23 Judge: TBD Steward: TBD Fences: Test 2 Practicum: Test 2

Date: Sunday 9/10/23 Judge: TBD Steward: TBD Fences: Test 3 Practicum: Test 3 The HSVA AEL Team

Invites you to the 2023 Fall AEL Horse Show On Saturday September 9, 2023 & Sunday September 10, 2023 672 Naff Road, Boones Mill, VA

Schedule of Events 8:00 am: Schooling of Horses 9:00 am: Coaches meeting 9:30am: Live Draw 10:00 am: Open Flat begins followed by Open Fences Intermediate Novice Advanced Beginner Beginner Minis



The HSVA AEL competition will run according to the rules and regulations of the AEL.

Entry Fee: \$75/Rider payable to Healing Strides of VA

Organizer: Margaret Cornwell <u>margaretchsva@gmail.com</u> 540-798-4958 **Entry Deadline:** Entries are due to Competition Organizer by **Friday September 1, 2023.** Please email the completed entry form to the email address above. No changes in entries will be accepted after Thursday, April 21, 2023 Please bring the completed entry form and payment to the competition.

NO DOGS PLEASE!!

Location: 672 Naff Road, Boones Mill, VA 24065

HSVA Spring AEL Horse Show

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Saturday 9/9/23

Team Name:-----

Coach:_____

Phone: _____ Email:_

*Please list according to Division (all Open Riders, all Intermediate Riders...)

RIDER #	NAME	DIVISION	GRADE

This entry constitutes an agreement and affirmation that the Athlete/Parent making it, the Club, and each of its riders, coaches and trainers shall accept and abide by the rules of the AEL and of the Competition, that each rider is eligible as entered, that they will accept as final any rulings of the AEL with respect to their conduct and each entry agrees to defend and hold the AEL, its directors, officials, employees and all persons, stables or other entities providing facilities, horses or equipment for the Competition, harmless for any claim, action or suit, for injury, property damage or death sustained during participation in the show by the entity, his or her coach, trainer or visitors.

Coach Signature_____Date_____Date_____

Amount Due: ______

HSVA S	Spring	AEL H	lorse	Show
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Team Name:_____

Coach:

Phone: _____ Email:

*Please list according to Division (all Open Riders, all Intermediate Riders...)

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Coach Signature_____

Date

Amount Due: ______