Atlantic County 4-H Dressage Show DRESSAGE & WESTERN DRESSAGE SCHOOLING SHOW

3210 NJ-Route 50, Mays Landing, NJ 08330

WDAA* & AQHA* Recognized& ECRDA Pointed / * Approved This show will earn points towards the Atlantic County 4-H Year End Awards!

WDAA Recognized Show #24=312

SH	OW DATE	JUDGE	OPENING DATE	CLOSING DATE					
	MAY 18, 2024	Danielle Toscano (R)	APRIL 13, 2024	MAY 11, 2024					
J	UNE 23, 2024	Lynn Newton (R)	May 19, 2024	JUNE 16, 2024					
SEPT	EMEBR 29, 2024	Lynn Newton (R)	AUGUST 24, 2024	SEPTEMEBR 21, 2024					
OCT	OBER 19, 2024	Danielle Toscano (R)	SEPTEMBER 14, 2024	OCTOBER 12, 2024					
	(Check	our website for judges update	tes. Contact Show Secretary v	with any questions!)					
ORGA	NIZER/SHOW MA	NAGEMENT	SHOW SECRET	ΓARY					
Atlanti	c County 4-H Horse	Council	Patty Pantelione						
David C. Wood 4-H Center			Address: 343 Hands Mill Road						
3210 NJ- Route 50			Belleplaine, NJ 08270						
Mays Landing, NJ 08330			609-780-0624, Cell# (FOR SHOW INFORMATION)						
Phone # 609-432-0130			Email: paintedbayfarm@gmail.com						
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START	ER DIVISION – Hors	e or Rider							
1.	Lead Line	10.	Training Level Test 2						
2.	USDF Test A	11.	Training Level Test 3						
3.	USDF Test B	12.	First Level Test 1						
4.	USDF Test C	13.	First Level Test 2						
5.	Training Level Test 1	14.	First Level Test 3						
OPEN DIVISION 15.		Second Level and Above							
6.	USDF Test A	16.	Dressage Seat Equitation						
7.	USDF Test B	17.	Musical Freestyle – must prese	ent music on a CD					
8.	USDF Test C	18.	C	pice (See WDAA website to acquire test)					
9.	Training Level Test 1	19.	Fix-A-Test						
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ENTRIES: a) \$25.00 per dressage class. Plus, a) \$10.00 Office Fee **per Entry Form**. b) \$25.00 fee charged for entries taken after the closing date. c) Make checks payable to Atlantic County 4-H Horse Council. d) Negative Coggins required within 12 months. e) No refunds after closing date. f) **Please** return bridle numbers when competition is over. g) There is a \$25.00 schooling fee for any horse not competing coming to school at the show area. Tests are available.

STARTING TIMES: Available Thursday before show 6:00 - 9:00 p.m. **Call Patty Pantelione at 609-780-0624.** You may also find your times listed at our Facebook Page: Atlantic Co. 4-H Horse Council.

AWARDS: Six ribbons awarded each dressage class. Classes will be divided if entries warrant. High Point Awards given at end of the show season for each level: Lead Line; Starter Walk-Trot; Open Walk-Trot; Starter Training; Open Training; First; Second and above, and Western Dressage. **Awardees must participate in at least three shows.**

OTHER INFORMATION: All classes held in standard large, sand, outdoor arena. Management reserves the right to cancel/combine classes as necessary. A waiting list will be established if oversubscribed. Hard hats **MUST** be worn at all times while mounted! No food available unless stated on the time sheet Thursday before the show. **THIS IS A NON-SMOKING FACILITY.**

STABLING: Stalls available, offered on a first-come, first-served basis. Location: Horse Barn area only. Day stall fee: \$10.00. Renter is required to clean stall upon departure. Visiting horses need to provide own water bucket, feed, and hay.

DIRECTIONS: Take Route 30 East to Egg Harbor City, NJ. Proceed on Route 50 South for 1.1 miles.

Take Route 322 East/ Black Horse Pike to Exit for Route 50 North toward Egg Harbor City for 4 miles.

Take Atlantic City Expressway South to Exit 17 for Route 50 North toward Egg Harbor City for 1.5 miles.

Take Atlantic City Expressway North to Exit 12. Get onto Route 40 North. Take Exit for Route 50 toward Egg Harbor City for 1.5 miles Call for directions (609) 432-0130.

Check our Facebook Page for Registration form, Prize List, clinics, and other activities at the Atlantic County 4-H
Fair Grounds.

FACE BOOK: Atlantic Co. 4-H Horse Council

Office use only:	Date received:	Amount:	Check #:

ATLANTIC COUNTY DRESSAGE SHOW ENTRY 3210 NJ-50 . Mays Landing . NJ 08330 ONE HORSE/RIDER COMBINATION PER ENTRY

FORM DATE of SHOW:_____

Rider:	.EARLY PLEASE) DATE OF BIRTH: (Circle if u				
		Senior _	Starter _	Show Above 2 nd Level	
Address:	City:		State/	Zip:	
Email:	Phone: (H)		(C)		
Member of: ECRDA: YES / NO WDAA: Ye	es - Member #	_/ No 4-	H Membe	r: Yes / No	
<u>Division</u> : Open, Starter Rider OR Starter Ho	rse (pick one) (Circle any th	at apply)			
Member of : AQHA: Member #	_ Amateur, Open OR Youth	n (pick one)			
(send all required documents electronically	/Bring hard copies to show	. Paid \$10 fe	ee at regist	ration)	
Owner's Name:	Phone: (H)		(C)		
Address:		Email:			
Trainer's Name:		_Cell #			
Name of Horse:			_Breed:		
Age: Color	:Height:		Gender:		
·					
Class # What Division, Class and Test		FEE	NOTES		
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Prohibits smoking anywhere on the premises!