



**Care From The  
Heart** 

PATII International Member Center

**Western Dressage Show at Bella Rosa Stables  
Benefitting  
Care From The Heart**

WDAA Recognized Show #24-225  
American Quarter Horse Association Recognized  
ECRDA sanctioned

151 Oak Glen Road, Howell, New Jersey 07731

Competition Date: Saturday April 20, 2024

Entry Opening Date: February 15, 2024

Entry Closing Date: April 10, 2024

Judge: Lynn Newton R

Steward: Helen Meagher

Competition Manager: Mary Alice Goss

[mags1130@aol.com](mailto:mags1130@aol.com)

732-610-1258

Competition Secretary: Ellen Weisfeld

[ewgnhb@aol.com](mailto:ewgnhb@aol.com)

732-814-3932

101. WDAA Introductory Level Test 1	134. WDAA Third Level Test 4
102. WDAA Introductory Level Test 2	141. WDAA Fourth Level Test 1
103. WDAA Introductory Level Test 3	142. WDAA Fourth Level Test 2
104. WDAA Introductory Level Test 4	143. WDAA Fourth Level Test 3
105. WDAA Basic Level Test 1	144. WDAA Fourth Level Test 4
106. WDAA Basic Level Test 2	151. WDAA Fifth Level Test 1
107. WDAA Basic Level Test 3	152. WDAA Fifth Level Test 2
108. WDAA Basic Level Test 4	153. WDAA Fifth Level Test 3
111. WDAA First Level Test 1	154. WDAA Fifth Level Test 4
112. WDAA First Level Test 2	155. WDAA Musical Freestyle Test of Choice
113. WDAA First Level Test 3	156. WDAA Dressage Seat Equitation TOC
114. WDAA First Level Test 4	160. WDAA Exceptional Rider Test Leadline A walk only
121. WDAA Second Level Test 1	161. WDAA Exceptional Rider Test Leadline B
122. WDAA Second Level Test 2	163. WDAA Exceptional Rider Coached Test 1 walk only
123. WDAA Second Level Test 3	164. WDAA Exceptional Rider Coached Test 1
124. WDAA Second Level Test 4	165. WDAA Exceptional Rider Coached Test 2
131. WDAA Third Level Test 1	166. WDAA Exceptional Rider Coached Test 3
132. WDAA Third Level Test 2	
133. WDAA Third Level Test 3	

### Entries / Fees

Entry per class	\$35.00 for complete entries received by the closing date*
Office fee	\$10.00 per entry
Post Entry fee	\$10.00 per class, space permitting
AQHA point fee	\$10.00 per horse

\*incomplete entries will pay the post entry fee if not completed prior to the closing date.

Make checks or money orders payable to "Care From The Heart"

Refund policy: Before closing date less a \$20.00 handling fee. **After the closing date** only with a Veterinarian's slip less a \$20.00 handling fee.

Non-negotiable check will void the entry and incur a \$50.00 fee

All entries must include:

Completed entry form and payment in full by check or money order.

Signed Liability Waiver

Current Coggins test - dated after April 20, 2023 for instate entries and dated after April 20, 2022 for out of state entries.

Proof of flu/rhino vaccine administered within the previous 6 months

AQHA entries competing for points must include a copy of their membership card and their registration papers.

Ribbons will be awarded 1st through 6th place

Management reserves the right to combine, divide or cancel any class.

Intro Tests 1 - 4 and Basic Tests 1 - 4 will be held in a small arena. Level 1, 2, 3, 4, 5 and Musical Freestyle test will be in a large arena.

Entries must be mailed to

Western Dressage Show  
94 Wiseman Road  
Jackson, NJ 08527

# SHOW ENTRY FORM

Western Dressage Show and Clinic on April 20, 2024 at Bella Rosa Stables

Benefitting Care From The Heart

One Horse per Entry Form Please write clearly!

Rider: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Horse Age \_\_\_\_\_

Horse Gender Mare \_\_\_ Gelding \_\_\_ Stallion \_\_\_

WDAA Member Number \_\_\_\_\_

AQHA Member Number \_\_\_\_\_ AQHA Jr. Sr. (circle one)

Class Number	Class Name	Fees
		\$35.00
		\$35.00
Office Fee		\$10.00
AQHA Points	Only required if competing for AQHA points	\$10.00

## Clinic

Clinic	Level you are currently riding	Fee
	Competing in the show	\$30.00
	Not competing in the show	\$45.00

## **Entry Check List**

- Completed Entry form**
- Current Coggins**
- Proof of Flu/Rhino vaccination within the last 6 months**
- Waiver / Hold Harmless**
- payment of fees by check or money order payable to Care From The Heart**

### **For AQHA Points only**

- Copy of current AQHA Membership Card**
- Copy of Horse Papers**
- Payment of \$10 AQHA Points fee**

**Total payment enclosed** \_\_\_\_\_

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE with FULL PAYMENT AND DOCUMENTS (Above)**

**For Show rules: \*ECRDA (East Coast Regional Dressage Association)**  
[www.ecrda.com](http://www.ecrda.com)

B-BARR-B LLC  
DBA Bella Rosa Stables  
Care From The Heart

151 Oak Glen Road  
Howell, N. J. 07731

### Release of Liability

**UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.**

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members "**over 18 years of age**" must sign this release (in this section).

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name (Clearly)

\_\_\_\_\_ Address (Print Clearly) Street, Town, and Zip

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name (Clearly)

If additional family members need to be added, please complete a separate form and attach.  
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For members "**under**" 18 years of age, parent(s) or guardian must list name of each child and sign at bottom of page,

\_\_\_\_\_ Name of child \_\_\_\_\_ Name of child

\_\_\_\_\_ Name of child \_\_\_\_\_ Name of child

I, the undersigned parent or guardian of the above minor(s) in consideration of my minor's participation in equine activities, agree that the terms and conditions of this Release of Liability shall be binding as to damage, injury, and/or death to my minor(s), his/her animal, and property arising out of his/her participation in equine events.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_