

SPARROWK LIVESTOCK GSVRHA CLINIC & SHOW APRIL 26 - 28, 2019



EVENT LOCATION: Ed Hughes Memorial Arena 701 CA-124, IONE, CA

<u>CLINIC</u>

FRIDAY, APRIL 26TH 12PM Sarah Clifford (Ranch Reining), Mike Lund (Ranch Riding) Kathy Torres (Ranch Trail) \$70* SATURDAY, APRIL 27^{тн} 8AM Sarah Clifford (Ranch Cutting) Mike Lund (Ranch Cow Work) \$160* *\$210 both clinic days (save \$20)

HORSE SHOW

Classes judged by Sarah Clifford and Mike Lund

SATURDAY, APRIL 27 th 3pm	Т
RANCH TRAIL	
(ALL DIVISIONS)	

Sunday, April 28th 8am Ranch Cutting/Ranch Riding (After Lunch): Ranch Reining/Ranch Cow Work

ALL AROUND ~ \$320

RANCH TRAIL, RANCH RIDING, AND RANCH REINING ~ \$45/CLASS RANCH CUTTING ~ \$145 (Individual Classes <u>add</u> association and CA drug fees)

U	U	U
PRIZES $1^{\text{st}} - 4^{\text{th}}$	NEW!	ADDED DIVISIONS AND
PER DIVISION FOR ALL-	SPECIAL AWARD:	PRIZES:
AROUND &	HIGHEST PLACING	JUNIOR HORSE \$30
1 st EACH INDIVIDUAL	AQHA RANCHING	(HORSES AGED 3-5) &
CLASS PER DIVISION	HERITAGE HORSE	SELECT RIDER \$30
	Sponsored by Sparrowk	(RIDERS AGED 60+)
	Livestock	

- HORSE SHOW LIMITED TO 55 RIDERS (45 FOR CATTLE CLASSES) Entry priority for cattle classes will be given to all-around entries
- U OUTDOOR PENS (\$20/NIGHT) & DRY CAMPING (\$10/NIGHT)

SPARROWK LIVESTOCK GSVRHA CLINIC & SHOW ENTRY FORM

	IDER DIVISION:			BACK NUMBER:		
(Open, Adv, Int, Ltd, Nov, Yth, WT)				(FOR OFFICE USE)		
IDER NAM	ме:				_ GS/WS#	
MAIL		PHONE				
IORSE*	RSE*		REC	_REG/WS #		
DDRESS						
RANCHIN F ELIGIBLE		Breeder				
		HECK APPROPRIATE LI	NF)		1	
		ay Only	.,		-	
	CLINIC SATU	rday Only	\$160			
	CLINIC FRIDA	AY & SATURDAY	\$210		CLINIC TOTAL:	
	ALL AROUND	L AROUND OR INDIVIDU VERSATILITY SHOW & CA DRUG FEES INCLU	\$320		SHOW TOTAL:	
Ind	IVIDUAL CLAS	ses (Please Include	Fees E	BELOW)		
	Ranch Trail		<u>\$45</u>		_	
	RANCH RIDIN		<u>\$45</u>		_	
	RANCH REIN		\$45		_	
	RANCH COW		\$85			
	RANCH CUTT		<u>\$145</u>	\$40	IND. CLASS	
×	ASSOCIATION	N & CA DRUG FEES	\$40	⊅40	TOTAL:	
	SELECT RIDE	ER (RIDERS 60+)	\$30		ADD-ON	
			<u>\$30</u>		TOTAL:	
	50110111011		400			
_	tdoor Pens D/night	DRY CAMPING (please con Permit & return to Cori with entry)	_*			
	THURSDAY	THURSDAY				
	Friday	Friday			1	
	SATURDAY	SATURDAY			PEN/CAMPING Total:	
	SUNDAY	SUNDAY				

MAKE CHECKS PAYABLE TO:

BEV SPARROWK

TOTAL ENCLOSED:_____

SEND ENTRIES TO: (please contact Cori with any questions) **CORI STEVENSON** 1630 TRACY WAY SAN MARTIN, CA 95046 CORI CELL: (408) 406-7312 CORIVOWELL@GMAIL.COM



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LIABILITY RELEASE: MUST BE COMPLETED FOR ALL CLINIC AND/OR SHOW RIDERS

By signing and submitting an entry form, the Exhibitor acknowledges and agrees that they:

- 1. Have read and understand the GSVRHA and WSVRHA rules and guidelines
- 2. Agree to abide by all WSVRHA/GSVRHA rules
- 3. Certify that all information on the entry is true and correct
- 4. Horseback riding is a dangerous sport and we recommend all riders wear a helmet. If riders choose not to wear a helmet, they do so at their own risk.

By signing below, I/we are waiving our right, if any, to claim against, maintain an action against, or recover from any equine sponsors, equine professionals, or any other person for injury, loss, damage or death resulting from any of the inherent risks of this equine activity. I/we request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved in this event. I/we hereby release GSVRHA/WSVRHA/SPARROWK LIVESTOCK, Jack or Beverly Sparrowk, its Agents and Employees and other involved organizations and its members and employees from any loss to myself, employees, agents, horses, and/or equipment while attending and/or participating in this event. In addition, the general understanding of any "publication, video and internet consent and release agreement is incorporated in this release including: no monetary considerations, photo, video or verbal statements may be used now and in subsequent years as the program deems fit, is binding upon heirs and/or future legal representatives.

Participant (printed name)

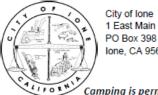
Participant (signature)

Date

Parent/Guardian Signature (if Participant is a minor)

IF YOU ARE CAMPING, PLEASE COMPLETE AND SUBMIT WITH YOUR CLINIC/SHOW ENTRY (do not mail to City of Ione)

SPARROWK LIVESTOCK **GSVRHA CLINIC & SHOW ENTRY FORM**



1 East Main Street Ione, CA 95640-0398 Office: (209) 274-2412 Fax: (209) 274-2830

Camping Permit Application

Camping is permitted only with prior approval from the Police Chief (209) 274-2412 ext.

108, and must be associated with a planned event at Howard Park, Evalynn Bishop Hall, or

Ed Hughes Arena. Applications can be submitted directly to City of Ione staff at #1 East Main Street, Ione, CA. Mailed applications must arrive at City Hall at least 5 Days Prior to the first day of stay. Send applications (with payment) to: City of lone PO Box 398 Ione, CA 95640 Applications are not valid unless accompanied by payment. If campers arrive on the weekend when City Hall is closed, City of Ione Police Officers can receive payment and issue a camping receipt. No campfires are allowed on park property except in those areas provided and designated for the purpose, such as public barbeques. Campers must obey all City of Ione Park and Camping Ordinances Section 12.6.030- 12.06.110 or otherwise may be asked to vacate the park by the lone Police Department. Please Print: Name of Applicant (Last, First, MI): _____ Address: ____ Driver's License or ID #_____ Phone #: ____ Vehicle License Number: State: Vehicle Make: Date of Arrival: Date of Departure: NOTE: Maximum Stay in the Park is 3 Nights Number of days you will stay in park: ____ Number of: Days in Park : Amount Due: ____ X Per Tent: \$5 X = _____ X Per RV: \$10 X = Per Trailer: \$10 X Х = Per Vehicle: \$2 х X = Camping cost added to show entry; Bev will write one check TOTAL = Date Paid: to City of Ione

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Revised 6/19/17

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