



## Carolina Horse Park's Derby Cross Entry Form

**Entries:** Pre-register by Wednesday, Sept 7 to guarantee your spot! Entries received or changed over the closing date are subject to \$50 late and change fee. Please send a current coggins in with your entry. Check-In at the office day of the Derby Cross to receive your bridle number.

Send Entries to:

Sarah Rabb  
2814 Montrose Road  
Raeford, NC 28376  
Phone CHP: 910-875-2074  
Cell: 919-414-4492  
Fax: 910-875-4310  
Email: [secretary@carolinahorsepark.com](mailto:secretary@carolinahorsepark.com)

**Courses will consist of both show jumps and cross country fences (including water, banks, and ditches level appropriate). Five point Horse Trials competitors are also eligible to compete as well. Ribbons awarded 1<sup>st</sup> through 6<sup>th</sup> with prizes for 1<sup>st</sup> place. Casual attire. Courses will be open to walk 3pm Friday.**

**Levels:**

Up to 3'6"  
Up to 3'  
Up to 2'6"  
Up to 2'  
Up to 18"

Shavings may be pre-ordered. The price is \$8.00 per bag. Call 910-875-2074.



# Carolina Horse Park's Derby Cross Entry Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

**\*\*\*Approved headgear is required for the Derby Cross\*\*\***

**Send your Entry in by Wednesday September 7<sup>th</sup> to ensure your spot in the Derby Cross.**

**Entries submitted after September 7<sup>th</sup> are subject to late and change fees.**

## Derby Cross Divisions

\_\_\_\_\_ Up to 3'6"

\_\_\_\_\_ Up to 3'

\_\_\_\_\_ Up to 2' 6"

\_\_\_\_\_ Up to 2'

\_\_\_\_\_ Up to 18"

## CHP Stabling Information

**Fee:** \$175 (includes Friday and Saturday night)

**Stabling:**       YES     NO

**Shavings:** \$8 per bag                      Number of bags : \_\_\_\_\_

**Stabling With:** (Please ensure group uses the same name) \_\_\_\_\_

Unfortunately we are not able to guarantee groups will be stabled together but will do our best to accommodate everyone

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**Office Use Only** # of Rounds: \_\_\_\_\_ Coggins \_\_\_\_\_ Release \_\_\_\_\_ Bridle # \_\_\_\_\_

**Method of Payment** **Total Due:** \_\_\_\_\_

**Checks** payable to *Carolina Horse Park Foundation*

**Credit Card** Number: \_\_\_\_\_ Exp: \_\_\_\_\_ V-Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Address associated with Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_