



Halloween Haunt Show

October 24, 2021

Judge: Barb Wilson Armstrong
Santa Rosa Valley Equestrian Park
10241 Hill Canyon Rd, Camarillo 93012
Registration 8am - Show Starts 9am



Class Schedule

1. Halter
2. Showmanship
3. Liberty
4. Western Pl Open
5. Western Eq Open
6. Western Pl 17 & Under
7. Western Eq 17 & Under
8. Walk/Jog Western Pl Open
9. Walk/Jog Western Eq Open
10. Walk/Jog Western Pl Novice Rider
11. Walk/Jog Western Eq Novice Rider
12. Walk/Jog Western Pl 17 & Under
13. Walk/Jog Western Eq 17 & Under
14. English/Western Walk Only Pl Open
15. English/Western Walk Only Eq Open
16. Speed Ball (gymkhana)
17. Dollar Bill (winner takes all)
18. Halloween Costume Parade
19. Leadline
20. Walk/Trot English Pl Open
21. Walk/Trot English Eq Open
22. Walk/Trot English Pl Novice Rider
23. Walk/Trot English Eq Novice Rider
24. Walk/Trot English Pl 14-17
25. Walk/Trot English Eq 14-17
26. Walk/Trot English Pl 11-13
27. Walk/Trot English Eq 11-13
28. Walk/Trot English Pl 10 & Under
29. Walk/Trot English Eq 10 & Under
30. English Pl 15 & Over
31. English Eq 15 & Over
32. English Pl 14 & Under
33. English Eq 14 & Under
34. English Pl Novice Rider
35. English Eq Novice Rider
36. English Pl Open
37. English Eq Open (pattern)
38. Walk/Trot Hunter Hack Vertical 12"
39. Hunter Hack Vertical 12"

Pre-Entry Fee - \$8 -- Postmarked by October 15
Post Entry Fee - \$12, Grounds - \$10, Drug - \$5,
Liberty - \$15 (Pre or Post)
Ribbons: 1st to 6th

Taco Bar Lunch- pre-purchased tickets only
Adult Lunch \$12
Child Lunch \$8

High Point Qualifying Classes:
Western: 2,4-7
Walk/Jog Western: 2,8-13
English: 2,30-37,39
Walk/Trot English: 2, 20-29,38



Contact Meaghan Shaffer for more information
steppingstonesridingprogram@gmail.com
805.657.8380

*All proceeds from this show benefit Stepping
Stones Riding Program

Hosted by
Stepping
Stones
Riding
Program

Halloween Haunt Show Entry Form

Exhibitor #

Registration - 8am

Show Starts - 9am

October 24, 2021

All Breeds Welcome

(office use only)

Exhibitor Name: _____ Horse: _____

Horse Owner: _____

Phone: _____

Email: _____ Youth Exhibitor Birthdate (if under 18): _____

Pre-Entry Fee \$8 per class (by Oct 15)

Post Entry Fee \$12 per class

Liberty \$15 (Pre or Post Entry)

✓ Check Each Class You Are Entering	\$ Entry Fee	✓ Check Each Class You Are Entering	\$ Entry Fee
___ 1. Halter	\$ _____	___ 20. Walk/Trot English Pl Open	\$ _____
___ 2. Showmanship	\$ _____	___ 21. Walk/Trot English Eq Open	\$ _____
___ 3. Liberty	\$ 15 _____	___ 22. Walk/Trot English Pl Novice Rider	\$ _____
___ 4. Western Pl Open	\$ _____	___ 23. Walk/Trot English Eq Novice Rider	\$ _____
___ 5. Western Eq Open	\$ _____	___ 24. Walk/Trot English Pl 14-17	\$ _____
___ 6. Western Pl 17 & Under	\$ _____	___ 25. Walk/Trot English Eq 14-17	\$ _____
___ 7. Western Eq 17 & Under	\$ _____	___ 26. Walk/Trot English Pl 11-13	\$ _____
___ 8. Walk/Jog Western Pl Open	\$ _____	___ 27. Walk/Trot English Eq 11-13	\$ _____
___ 9. Walk/Jog Western Eq Open	\$ _____	___ 28. Walk/Trot English Pl 10 & Under	\$ _____
___ 10. Walk/Jog West Pl Novice Rider	\$ _____	___ 29. Walk/Trot English Eq 10 & Under	\$ _____
___ 11. Walk/Jog West Eq Novice Rider	\$ _____	___ 30. English Pl 15 & Over	\$ _____
___ 12. Walk/Jog Western Pl 17 & Under	\$ _____	___ 31. English Eq 15 & Over	\$ _____
___ 13. Walk/Jog Western Eq 17 & Under	\$ _____	___ 32. English Pl 14 & Under	\$ _____
___ 14. English/Western Walk Only Pl Open	\$ _____	___ 33. English Eq 14 & Under	\$ _____
___ 15. English/Western Walk Only Eq Open	\$ _____	___ 34. English Pl Novice Rider	\$ _____
___ 16. Speed Ball (Gymkhana)	\$ _____	___ 35. English Eq Novice Rider	\$ _____
___ 17. Dollar Bill	\$ 1 _____	___ 36. English Pl Open	\$ _____
___ 18. Halloween Costume Parade	\$ 0 _____	___ 37. English Eq Open (pattern)	\$ _____
___ 19. Leadline	\$ _____	___ 38. Hunter Hack Walk Trot 12"	\$ _____
		___ 39. Hunter Hack Vertical 12"	\$ _____

Release of Liability: I hereby certify that the exhibitor and horse are eligible as entered and agree for myself and/or my representative to be bound by the Rules of this show. I expressly agree to release and hold harmless Stepping Stones Riding Program and any person(s) in any way connected with this show from loss, damage or injury from my participation in this event. Additionally, I will not attend the show if I am feeling unwell, have a fever or other illness, or if I have been exposed to a person with Covid within the past ten days.

Total Class Fees: \$ _____
 Grounds Fee \$10/horse: \$ _____
 Drug Fee \$5/horse: \$ _____
 Adult Lunch \$12 x _____ \$ _____
 Youth Lunch \$8 x _____ \$ _____
 Sponsorship/Other \$ _____

Signature of Exhibitor (or Parent/Guardian if under 18 years of age)

Date

Mail Entries to: Amy Yandell, 19 Doone St. Thousand Oaks, CA 91360
 Make Checks Payable to: Stepping Stones Riding Program

___ Cash
 ___ Check # _____
 (office use only)

Exhibitor Name: _____ Date: _____

COVID-19 and Wellness Screening Checklist

- Have you been diagnosed with COVID-19 in the past 14 days? Yes No
Have you been vaccinated for COVID-19? When? _____ Yes No
Have you tested positive for COVID-19 in the past 14 days? Yes No

SYMPTOM WELLNESS CHECK:

Have you experienced any of the following symptoms within the last 14 days?

- Fever or feeling feverish Yes No
New cough Yes No
Shortness of breath Yes No
Flu-like symptoms such as fatigue, nausea, diarrhea? Chills? Yes No
Muscle pain? Headache? Yes No
Sore throat? New loss of taste or smell? Rash? Yes No

FAMILY CLOSE CONTACTS AND TRAVEL:

- Any family or close contacts sick or experiencing above flu-like symptoms? Yes No
Any family or close contacts diagnosed with COVID-19 in the past 2 weeks? Yes No
Have you or family/close contacts traveled within past 2 weeks? Yes No
Where? _____

Myself, and my minor child, agree to wear a mask/face covering at all times when not mounted on a horse. We will adhere to all social distancing requirements set forth by the management team. If we feel sick or start to feel sick we will remove ourself from the premises. If we test positive for Covid-19 after the event we will contact show management. If we do not adhere to all posted/required Covid-19 precautions we are aware we will be asked to leave the premises with no monetary return. *Initial Here:*

Exhibitor Signature: _____

Exhibitor Name: _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____