

FAQ for Region 2 Camelot Trail Trial

This ride is Rain or shine.

DRIVING DIRECTIONS TO CAMELOT EQUESTIAN PARK

From Redding or Chico- Hwy 99 South to Durham Pentz exit. Turn left onto Durham Pentz go to round-about at Clark Road (Hwy 191) veer Right and follow Clark Road 1 mile to Camelot Entrance on the right.

From Sacramento: Hwy 99 North to Durham Pentz Rd. Exit right onto Durham Pentz Rd to round about at Clark Road. Veer right on Clark Rd (Hwy 191) Follow Clark Rd. to Camelot Entrance on the right

From Marysville or Oroville: Hwy 70 North to Hwy 191 (Clark Rd) left on Hwy 191 to the Camelot Entrance on the left.

CAMPING AND DAY FEES

A) Camping fees for campers arriving FRIDAY AFTER 3PM and staying to Sunday end of day will be discounted to \$60 per horse and rider.

ALL other days are charged at \$20 per day plus \$20 per night -per rider/horse
Fees to be paid directly to Camelot at check in.

B) If you are coming for the Day (no camping) the fee is \$20. day use fee.

C) Camping spaces are available on a first come first served basis.
Camelot camping spaces are all on flat ground.

D) If you are working that week-end - contact Ruth Carrero prior to the event for details.

ALL STALLS and CORRALS are first come, first choice. No reservations.
They are available at no charge but **MUST** be cleaned before leaving the event.

BATHROOMS with flush toilets and showers are available for everyone at no charge.

HORSE WASHRACKS are available at no charge.

A fun **RAFFLE** will be held on Sunday afternoon before the awards. Don't miss it!
*Tickets will be \$1.00 for one, \$5.00 for 6, \$10.00 for 12 and **\$20.00 for 35 tickets.***

Join us for a fun **Potluck dinner Saturday night** - bring something yummy to share!

DOGS - We all love our dogs and want to have them with us - so lets keep them safe.
If you bring your pup with you, please keep it safely confined AT or IN your trailer at all times.
No exceptions.

CAMELOT says NO DOGS OFF LEASH OR ON THE TRAIL AT ANY TIME.

INQUIRES TO RUTH CARRERO 530-945-4511 or ruthfredc@yahoo.com

MAY 3-4, 2025 CSHA REGION 2 presents

OFFICE USE ONLY
RIDER # _____
CHECK # _____
CASH _____
RECEIVED _____

TRAIL TRIAL WEEKEND
AT CAMELOT EQUESTRIAN PARK
1985 CLARK ROAD,
OROVILLE, CA 95965

MAY 3rd - SANCTIONED TRAIL TRIAL
MAY 4th - SANCTIONED TRAIL TRIAL

SATURDAY RIDE MANAGER: Fred Carrero
SENIOR JUDGE: Charlotte Johnson
WEEKEND EVENT MANAGER -Ruth Carrero

SUNDAY RIDE MANAGER: Charlotte Johnson
SENIOR JUDGE: Cindi McElwain

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
CSHA Member _____ Region/Club _____
NAME OF HORSE _____

CIRCLE YOUR CATEGORY AND AGE AS OF JANUARY 1, 2025

DIVISION: **NOVICE** **INTERMEDIATE** **ADVANCED**
AGE: **17 and under** **18-59** **60 and over**

Name of companion rider for Junior _____

ENTRY FEES

		SATURDAY	SUNDAY
SATURDAY TRAIL TRIAL			
Trail Trial (ADULT RIDER)	\$55.00	_____	
Trail Trial (JUNIOR RIDERS)	\$20.00	_____	
Schooling and Companion riders	\$25.00	_____	
SUNDAY TRAIL TRIAL			
Adult rider	\$55.00		_____
Junior Rider	\$20.00		_____
Schooling and Companion riders	\$25.00	_____	_____
DAILY TOTALS		_____	_____
WEEKEND TOTAL \$		_____	

MAKE CHECKS PAYABLE TO: CSHA REGION 2 (\$15. charge for stopped or returned checks)
MAIL TO: RUTH CARRERO 13661 HILFORD LANE, REDDING CA. 96003



California State Horsemen's Association, Incorporated
RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE/Cell# _____

ADDRESS: _____

CITY: _____ ZIP: _____ STATE: _____

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated**, or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc** or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA, Inc**, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any, and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

() I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

() I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/ participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury my minor, his/her animals or property arising out of his/her attendance/ participation in events. DOB for minors _____
Month Day Year

NAME: _____ TELEPHONE: () _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____