



RUSH FOR GOLD

CSHA Region 4 Santedioned

TRAIL TRIAL



California State Horsemen's Association Inc.
Region 4

PEORIA FLAT

JAMESTOWN, CA

**EVENT MANAGER: LYDELL WALL
(209)-505-5728**

APRIL 5-6, 2025

**SAT. RIDE MANAGERS: GEORGETTE LEACH (417)-848-4140
PAM WALL (209)-605-5292**

**SUN. RIDE MANAGERS: CHERYL SPEARS (209) 202-5481
BONNIE DOUGLAS (925) 548-9922**

Peoria Flat TT Info

April 5-6, 2025

Raindate: May 10/11

A Trail Trial consists of a ride with approximately 10-12 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event.

**DO NOT ARRIVE UNTIL NOON ON FRIDAY!
CELLULAR SERVICE IS DECENT!**

**ADDRESS:
16809 PEORIA FLAT RD.
JAMESTOWN, CA**

DIRECTIONS: From Sonora: Take Hwy 108 West to O'Byrnes Ferry Road. At the stoplight, turn right onto O'Byrnes Ferry Road. Go 1000 ft and turn right on Peoria Flat Road. Drive 3 miles and turn right on Old Melones Road, just before the entrance to Cal Fire Baseline Fire Center. Turn left into the staging area (look for signs).

From Hwy 99: Take Hwy 108/120 East towards Sonora. Approximately 25 miles from Oakdale, turn left at the stoplight onto O'Byrnes Ferry Road. Go 1000 ft and turn right on Peoria Flat road. Drive 3 miles and turn right on Old Melones Road, just before the entrance to Cal Fire Baseline Fire Center. Turn left into the staging area (look for signs).

CAMPING

Only Friday & Saturday Night - \$15/night/rig.
Restroom on-site.

Water for horses is available - bring hoses with connectors or buckets
Bring portable corrals. No stalls or highline available. The ground is hard for hot fences.
Bring spikes or drills for making holes!

Terrain: Nestled in the scenic foothills, this location offers stunning trails with sweeping views. Tree coverage is limited, allowing for wide-open vistas, though some paths may be quite rocky. In April, visitors may be treated to a vibrant display of wildflowers in bloom.

Registration & Ride Out Times: Registration will open at 8:00am on Saturday morning. Please check in to receive your rider number and ride out time. First rider will be at 9:00am. Check in with "send out person" for the trail.

SATURDAY GOLD RUSH!

SILENT AUCTION

Please bring items for the Saturday night silent auction

POTLUCK

Bring a side dish to share. Meat and paper products will be provided.

Overall 2 Day Awards
Day Awards
Ribbons to 6th Place

Novice, Intermediate & Advanced
categories plus age divisions

{Registration must be Postmarked by March 28th to receive early bird special!}



Rush for Gold

Peoria Flat Trail Trials

April 5/6, 2025



A Trail Trials consists of a ride with approximately 10-12 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event!

Rider: _____ Horse: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are you a CSHA Member? _____ Are you a TT program member? _____ Region: _____

DIVISION (Circle One)

NOVICE INTERMEDIATE ADVANCED SCHOOLING/COMPANION

AGE CATAGORY (Circle One)

JUNIOR ADULT (18-59) SENIOR (60+)

Select Ride Out Time (approximate time, verify when registering at event)

9:00 9:30 9:45 10:00 10:15 10:30 10:45 11:00 11:15 11:30 11:45 12:00 12:15

Friends you are riding with: _____

Entry Fees: *Early Bird Special Registration must be Postmarked by March 28th
**Regular Fee for Entries Postmarked After March 28th

		*Early Bird	**Regular	
Adult Competitive Rider	Saturday	\$50.00	\$60.00	\$ _____
	Sunday	\$50.00	\$60.00	\$ _____
Junior Competitive Rider	Saturday	\$25.00	\$30.00	\$ _____
	Sunday	\$25.00	\$30.00	\$ _____
Schooling Rider (Judged, No Awards)	Saturday	\$25.00	\$30.00	\$ _____
	Sunday	\$25.00	\$30.00	\$ _____
Companion Rider (Trail Ride, No Obstacles)	Saturday	\$15.00	\$18.00	\$ _____
	Sunday	\$15.00	\$18.00	\$ _____
Camping Fee (Per Night on the Property)	Friday		\$15.00	\$ _____
	Saturday		\$15.00	\$ _____
Drug Fee For Competitive Riders				\$ 14.00

Total Fees: \$ _____

If you are a junior rider, give the name of your responsible adult _____

***If you are a registered Junior in the Trail Trials program, your entry fee is waived

Cancellations graciously accepted, just call to cancel and we'll destroy your check.

Mail to: Pam Wall, 6101 Kaufman Road, Oakdale, CA 95361 Checks written to: Region 4

Be sure to include your waiver!

Questions: Pam Wall 209-605-5292 or Georgette Leach 417-848-4140



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.

NAME: _____ TELEPHONE: () _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____