

# Peoria Flat Trail Trial May 21-22, 2022

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.**

Saturday & Sunday  
Prizes!  
Daily Lo Point &  
Weekend  
Lo Point Awards!  
Entry Fee per day:  
\$50

**Directions:** \*East on 120 almost to Jamestown. \*Turn left at signal on O'Byrnes Ferry Road. \*Go 1000 ft. and turn right onto Peoria Flat Rd. \*Drive to end of road, turn right then quick left into parking area.  
16809 Peoria Flat Rd. Jamestown 95327

Saturday Night  
Raffle.  
Please bring a  
raffle item.

**Terrain:** Peoria Flat is a loop trail with moderate to easy terrain, with beautiful mountain top views and plenty of wildflowers to see.

Saturday's ride is the longer trail, about 4 to 5 miles and 10 obstacles.

Sunday's ride is shorter, about 3 to 4 miles and 8 obstacles.

**Camping:** A fee of \$15 per night, per rig. Friday & Saturday night only. \*\*Please arrive after 4pm on Friday. Water and porta potties will be available.

Junior riders that are signed up in Region Program will ride for free.  
Invite your friends! Schooling is a great option for those new to trail trials.

**Riders will be checked in upon arrival. Sign ups 8:00am.  
Saturday/Sunday - Riders Meeting: 8:00am Ride out: 9:00am**

Ride information,  
Registration forms  
and CSHA Rules are  
available at  
[www.trailtrials.com](http://www.trailtrials.com).  
**This is a CSHA Region 4  
Sanctioned Trail Trial**



**Due to Covid, we are taking certain precautions. Please bring your own food and drink. There will be no food vendors at this ride. Please keep safety and health in mind.**

**Event Manager:** Jennifer Armitage 209-743-4890

**Ride Managers Sat:** Carlana Kellogg 209-505-0122 &  
Jennifer Armitage 209-743-4890

**Ride Managers Sun:** Lori Sala 209-499-1983 &  
Jeanna Santalucia 209-768-3129





# CSHA Region 4 Peoria Flat Trail Trial Jamestown CA May 21 & 22, 2022



Event Manager: Jennifer Armitage  
Senior Judges: Saturday: Charlotte Johnson    Sunday: Victor Pedroza

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)**

UNDER 17    18-49    50-59    60+

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

9:00   9:15   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:**

Competitive Rider	Saturday	\$50	\$ _____
	Sunday	\$50	\$ _____
Junior Rider***	Saturday	\$15	\$ _____
	Sunday	\$15	\$ _____
Schooling Rider (judged, no awards)	Saturday	\$20	\$ _____
	Sunday	\$20	\$ _____
Companion Rider (trail ride, no obstacles)	Saturday	\$10	\$ _____
	Sunday	\$10	\$ _____
Camping Fee -per rig/per night (Friday & Saturday only)		\$15	\$ _____
Drug Fee for weekend			\$ 8.00

**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.

Mail to: Kacie Powel, 1730 Monte Grande Drive, Soulsbyville, CA 95372

Checks written to: Region 4



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED**  
**Release of Liability**

Participant \_\_\_\_\_ Age: \_\_\_\_\_ (if 17 & under)

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

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

I the undersigned acknowledge this event carries inherent risks of injury and/or damage to a person, an animal, and/ or 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 (hereinafter referred to as CSHA)**, and Bureau of Reclamations or any of its agents and the land and business owners/controllers on whose property this event is being held from all liability for any act of negligence or want of ordinary care on the part of CSHA, and Bureau of Reclamations 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, and Bureau of Reclamations 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 this CSHA event.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signatory is a parent/guardian complete the following section:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ phone/ cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_