

# BLACK BUTTE LAKE TRAIL TRIAL

MAY 3, 2026

**DRIVING DIRECTIONS:** For directions use Grizzly Flats Recreational area it will get you close,

**FROM I-5:** Take exit 619 hwy32, go west, you will be on Newville road. Continue about 5 miles Then turn left at road 206 at the cemetery Stay on road 206 for about 4.3 miles to road 200A turn left and follow it around to back side of lake. Once you cross the bridge turn right continue going quite a ways, you will hit a dirt road keep going until you see horse trailers

**CAMPING:** none at the lake, but there is camping at the **Orland fairgrounds ph 530-865-1168, 221 E Yolo st Orland Ca 96963** for \$25.00 at night , you bring our own horse feed, water buckets , & shavings They do have water for the horses The fairgrounds is not patrolled, No hook ups for horse trailers.

**REGISTRATION:** if you haven't per-registered, You can register the day of the ride, from 7am till 9am. Numbers and ride out time will be assigned at that time. First rider out 9:15

## Buckle Series

This ride is the fist of our buckle series. No extra charge no need to sign up. Just come ride and you are already included. Your best 3 rides of Reg 2's 4 rides will be recorded. One buckle for will be awarded in each division.

**ARMY CORE OF ENGINEERS SAY NO DOGS**

**You will need to bring water for you and your horses. None is available**

**A small portable potty will be available.**



# BLACK BUTTE TRAIL TRIAL



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+)

Date of Birth as of January 1, 2026 \_\_\_\_\_

### Competitive Entry Fees:

Competitive Adult or Junior Rider Class Entry \$15 \$ \_\_\_\_\_

Facility Fee \$20

Region/Admin Fee \$20

**Total COMPETITIVE Fees: \$ \_\_\_\_\_**

### Non - Competitive Entry Fees:

Schooling/Companion –Non Competitive \$25 \$ \_\_\_\_\_

**Total NON-COMPETITIVE Fees: \$ \_\_\_\_\_**

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

**\*\* Returned checks will be assessed a \$15 fee.**

Mailed Registrations must be received by: April 25, 2026

**Mail to:** Ruth Carrero, 13661 Hilford Land, Redding, CA 96003 Phone: 530-945-4511

**Checks written to: CSHA Region 2**

**CSHA REGION 2**

# **TRAIL TRIALS BUCKLE SERIES**

- **OVERALL CHAMPIONS FOR NOVICE, INTERMEDIATE & ADVANCED**
- **OPEN TO ALL COMPETITORS**

# **CHAMPION**

- **MUST RIDE 3 OF 4 RIDES TO QUALIFY:**
  - **May 3 @ Black Butte, Orland**
  - **June 7 @ Camelot, Oroville**
  - **September 5 and 6 @ Meadowbrook, Magalia**
- **SEE SPECIFIC EVENT FLYERS FOR MORE DETAILS**
- **BUCKLES AWARDED AT 9/6/26 EVENT**



California State Horsemen's Association Inc.



*For More Information Contact:*

**Ruth Carrero 530-945-4511 or  
Charlotte Johnson 916-833-1895**



[WWW.TRAILTRIALS.COM](http://WWW.TRAILTRIALS.COM)



**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: \_\_\_\_\_