



CSHA Region 2 Clinic  
 Camelot Equestrian Park  
 1985 Clark Road, Oroville, CA

<b>OFFICE USE</b>
_____
Check # _____
Cash Rcv'd _____

Saturday, June 6, 2026 – Riders Clinic

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CSHA Member: \_\_\_\_\_ Region/Club: \_\_\_\_\_

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

Come learn the rules and practice obstacles Get ready for the  
 2026 year of Trail Trials

**Entry Fees\***

Riders Clinic – Saturday, June 6, 2026

All ages.....

**TOTALS**

\$45.00      \$\_\_\_\_\_

Make checks payable to **CSHA Region 2**. There is a \$15.00 charge for stopped or returned checks.  
 Mail entry/fees to **Ruth Carrero, 13661 Hilford Lane, Redding, CA 96003**

# FAQ FOR REGION 2 CAMELOT TRAIL TRIAL

Driving Directions to Camelot Equestrian Park

**From Redding or Chico:-** Hwy 99 to Durham Pentz exit. Turn left onto Durham Pentz go to round about at Clark Rd(HWY 191) veer Right and follow Clark road 1 mile to Camelot entrance on right

**From Sacramento:** HWT99 TO Durham Pentz exit right on to Durham Pentz go to the round about at Clark Rd(HWY 191) veer Right and follow Clark road 1 mile to Camelot entrance on right

**from Marysville or Orville:** HWY 70 North to HWY191 (clark rd) left on Hwy 191 to the Camelot Entrance on the left.

Registration will be open Friday night from 4:00pm and open again at 8:00 am on Saturday and Sunday Numbers and ride out time will be assigned at check in.

Camping and Day Fees

A) camping fees for campers arriving Friday After 12Pm and Staying to Sunday end of day will be charged \$20 per night check made out directly to Camelot MCRPE  
ALL other days are charged At \$20 per day plus \$20 per night-per rider/horse  
Fees paid directly to Camelot MCRPE at check in. Payment by check

B) if you are coming for the day (no camping fee) the day fee is included in the registration

C) Camping spaces are available on a first come first served basis.

Camelot Camping paces 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 on first come, first choice. No reservations  
They are available at no charge, but **MUST** be cleaned before leaving the event.  
All water is potable

**BATHROOMS** with flush toilets and showers are available at no charge

Raffle tickets for a years family membership to Camelot will be sold through out the event at \$5. per ticket or 5 tickets for \$20. up until the drawing after awards on Sunday

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. They must be controlled on a leash or contained AT or IN your trailer at all times

**CAMELOT says No Dogs Off Leash or On The Trails At Any Time**

**INQUIRES TO RUTH CARRERO 530-945-4511 or [ruthfredc@yahoo.com](mailto:ruthfredc@yahoo.com)**

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



# CAMELOT Trail Trial



**DATE** June 7, 2026

A Trail Trials consists of a ride with approximately 8-10 judged natural obstacles that appear along a trail of several miles in parks or private property. This is not an arena event!

Ride Manager Christina Carlton 916-798-0442 Senior Judge Cindi McEwain 530-781-2252

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+)

Age as of January 1, 2026 \_\_\_\_\_

Friends you are riding with: \_\_\_\_\_

**Competitive Entry Fees:**

Competitive Senior, Adult or Junior Rider Class Entry	\$15
Facility Fee - Required	\$20
Region/Admin Fee - Required	\$15

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

**Non - Competitive Entry Fees:**

Schooling -Non Competitive	\$25	\$_____
Companion – Non Competitive	\$25	\$_____
Camping Fee – Only if choosing to stay overnight	\$20/night	\$_____
<i>Credit if also registering for the clinic on June 6</i>	\$5	\$_____

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

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

**Cancellations graciously accepted by June 1,2026 just call to cancel!**

**Mail to: Ruth Carrero 13661 Hilford In Redding Ca 96003 530-945-4511**  
Checks written to: CSHA REGION 2



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