



Show Entry Form

Back #:
Office Use Only

***You must include a current Coggins, signed Liability Waivers and a Form of Payment with entry.
*No refunds on scratched entries once the show begins Friday.**

Responsible Party Name: _____ **Payment Method:** Cash Check Zelle CC Venmo Paypal
Phone: _____ **Email:** _____

Office Use Only:

Horse's Name: _____ **Sex:** M G S **Year Foaled:** _____ **Coggins Exp:** _____
Owner Name: _____ **DOB:** _____ **Phone:** _____
Address: _____ **Email:** _____

Exhibitor Name: _____ **DOB:** _____ **Phone:** _____
Address: _____ **Email:** _____
Award Division Declaration: W/T **OR** W/T/C (No Cross Entry) **AND** Youth Adult Senior Open Non-Stock **OR** Driving
Class Numbers:

Exhibitor Name: _____ **DOB:** _____ **Phone:** _____
Address: _____ **Email:** _____
Award Division Declaration: W/T **OR** W/T/C (No Cross Entry) **AND** Youth Adult Senior Open Non-Stock **OR** Driving
Class Numbers:

Qty	Fee Type	Qty	Fee Type
	Horse Stalls x _____ Nights		Tack Stalls x _____ Nights & Split _____ Ways
	Grounds / Haul-In Fee		Additional Shavings
	Office Fee		RV x _____ Nights