

PERSON PAYING THE BILL _____ **BACK NUMBER** _____

Horse Name _____

Owner(s) _____ Phone(_____) _____

Address _____ City _____ State _____ Zip _____

1) Exhibitor _____ Phone(_____) _____ **DOB** _____

Address _____ City _____ State _____ Zip _____

2) Exhibitor _____ Phone(_____) _____ **DOB** _____

Address _____ City _____ State _____ Zip _____

3) Exhibitor _____ Phone(_____) _____ **DOB** _____

Address _____ City _____ State _____ Zip _____

CLASSES TO BE SHOWN IN			Check Day			
Exh. #	Class#	Class Name	Entry Fee	1	2	Total Fees

Total Entry Fees					
Schooling / Ambulance Fee			per horse		
Stalls	OR	Grounds			
Shavings			per bag		
Non- Shown Horses					
PAID BY CHECK# _____		CASH _____		DATE _____	
			Total AMT PD		