

LONGVIEW CHARITY HORSE SHOW

Trainers Name _____

Owner _____

Address _____

Address _____

ONE OWNER PER ENTRY FORM

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Signature _____

Owners signature _____

Office Use Only	Name of Horse	Rider	Rider						
	Registration # Current Coggins	Class #	Class #						
		Entry Fee	Entry Fee						Total Fees

Office Use Only	Name of Horse	Rider	Rider						
	Registration # Current Coggins	Class #	Class #						
		Entry Fee	Entry Fee						Total Fees

Office Use Only	Name of Horse	Rider	Rider						
	Registration # Current Coggins	Class #	Class #						
		Entry Fee	Entry Fee						Total Fees

FOR EQUITATION RIDERS ONLY

UPHA MEMBER NUMBER _____

RIDER _____ AGE _____

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PARENT OR GUARDIAN SIGNATURE REQUIRED

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Riders Name _____

Address _____

City, State, Zip _____

Telephone _____

Signature _____

STALLS

Amount Due _____

TOTAL FEES DUE

CASH
CHECK #

READ BACK SIDE BEFORE SIGNING

