

Entry #

Only one entry blank per horse- a negative coggins test must be included with each entry

Name Of Horse	Color	Age	Height	Please Circle Height		
				Sm	Med	Lg

Please write class numbers below each rider's name		Entry Fee
Rider 1:	Age:	
Class #'s		
Rider 2:	Age:	Entry Fee
Class #'s		

Fox View Farm Horse Show Entry

Please mail pre-entries to:

Fox View Farm
4169 Old Turnpike RD
Lewisburg, PA 17837

Makes checks payable to Farra D. Phillips

Horse Show Location:

2582 Broadway
Danville, PA 17821

Total Entries	
EMT Fee	
Total Amount	
Amount Enclosed	
Balance Due	

All info and signatures must be filled out before entries can be accepted. Thank you!

Rider's Name (please print)	Trainer's Name (please print)	Owner's Name (please print)
Street	Street	Street
City/State/Zip	City/State/Zip	City/State/Zip
Phone	Phone	Phone
E-mail	E-mail	E-mail
Signature (parent if rider is a minor)	Signature	Signature