



COPPER MEADOWS EQUESTRIAN CENTER

GSDHJA HORSE SHOW ENTRY FORM

ONE RIDER PER ENTRY FORM

RIDER NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME & PHONE: _____

HORSE#1 NAME: _____

HORSE INFORMATION: AGE: _____ SEX: _____ COLOR: _____ HEIGHT: _____

OWNER NAME: _____

TRAINER NAME: _____

ENTRY NUMBER

ENTER CLASS NUMBERS:

HORSE#2 NAME: _____

HORSE INFORMATION: AGE: _____ SEX: _____ COLOR: _____ HEIGHT: _____

OWNER NAME: _____

TRAINER NAME: _____

ENTRY NUMBER

ENTER CLASS NUMBERS:

FEES:

_____ CLASSES @ \$15 EACH:	_____
_____ SCHOOLING ROUNDS @ \$10 EACH:	_____
FRIDAY ALL-DAY SCHOOLING @ \$20:	_____
STABLING @ \$30 PER NIGHT:	_____
_____ BALES OF HAY	_____
_____ BAGS OF SHAVINGS	_____
GSDHJA FEE \$7 PER HORSE:	<u> \$7 </u>
CA DRUG FEE \$5 PER HORSE:	<u> \$5 </u>
TOTAL FEES DUE:	_____