

Show Date: June 14th, 2020 _____ August 29th, 2020 _____ Office Use only:

Entry #

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

Name of Horse	Color	Age	Height	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:
 5786 Broadway Rd
 Danville, PA 17821

Total Entries	
EMT Fee	\$20
Total Amount	
Amount Enclosed	
Balance Due	

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

Riders 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