

49th ANNUAL BLUEFIELD SHRINE HORSE SHOW JULY 20, 21, & 22, 2017

Office Use	Name of Horse Class Number Under Name	Coggins Number	Rider (if more than one rider, specify rider and class)	Owner Name and Address:	Entry Fee:

PLEASE NOTE: THE SECRETARY'S BOOTH WILL CLOSE THIRTY (30) MINUTES PRIOR TO THE START OF EACH SESSION. IF POSSIBLE, PLEASE PROVIDE EXTRA COPIES OF YOUR COGGINS AND HAVE YOUR ENTRIES FILLED OUT COMPLETELY WHEN YOU COME TO THE SECRETARY'S BOOTH. ENTERING EARLY IS ENCOURAGED! THIS HELPS OUR SECRETARY GREATLY!

Total Entry Fees* _____
Stalls @ \$65.00 _____
(no bedding provided)
Bedding @ \$5.00 each _____
Total Amount Due _____
Paid: Cash or Check _____

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Print Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
(_____)
Email Address: _____

***Checks for entry fees & stalls should be made payable to: BLUEFIELD SHRINE HORSE SHOW**