

Waiver _____ Coggins _____ Payment _____

TEAM NUMBER _____

Bedford County Hunt Hunter Pace Entry Form

Adult rider fee: \$40.00 Under 18 rider fee: \$30.00

Please circle the division below that you wish your team to enter. (Choose only one.)

Full Cry Hill Topper Trail Rider Junior (at least 1 rider under age 18)

Rider Information:

Name: _____

Phone: _____ Email: _____

Address: _____ Emer Contact: _____

_____ Emer Phone: _____

Horse Information from coggins certificate: (bring hard copy to leave with Secretary)

Horse's Name: _____ Owner's Name: _____

Owner's Address: _____

Test Date (date blood drawn): _____ State: _____

Lab Accession Number: _____

Team members: _____

Ribbons (Select one option)

Mail to rider (be sure to provide a complete address above)

Pick up at next BCH hunter pace

Other: _____

Save BCH money – Donate ribbon back to BCH

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