

Return Registration Forms to: **Dusty Dog Horse Farm, 700 West Street, Keene, NH 03431** with all fees

**SHOW ENTRY FORM – DUSTY DOG HORSE FARM**

**NUMBER ASSIGNED:** \_\_\_\_\_

*One horse-rider combination per entry form.*

**Office Use Only**

Payment:      Cash      Check # \_\_\_\_\_

Additional Rider # same payment: \_\_\_\_\_

**2021 Show Series Show Date:** \_\_\_\_\_

**Rider Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone\_( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Medical Issues/Allergies \_\_\_\_\_

Check Box Liability and Release is on File

**Horse Information**

Show Name \_\_\_\_\_

Owner \_\_\_\_\_

**Enter Classes Entered**


**Fees**

<b>Total Class Fees</b> \$20 each – Excludes Medals/Derby	\$
<b>Total Derby/Medal Fees</b> \$30 each	\$
<b>Warm Up Fees</b> \$10 Per Round	\$
<b>Registration Fee</b> \$10 Fee – Day of Registration	\$
<b>Total Fees Due</b> (Checks Payable: Dusty Dog Farm)	\$

**Horse Health Declaration**

I declare that the horse(s) named above have been in good health, with body temperature below 102°F, eating normally and have shown no signs of infectious disease for the three days preceding arrival at this event. The horse(s) named above have been seen by a vet and had required shots and have negative coggins. By signing below I affirm that I have the authority to sign on behalf of the trainer and or agent listed above.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_