Horse Show Series Entry Form Show Date: _____
Pre-entries submitted by Wed. 9pm before show date by way of:
Email:Four_Oaks_Farm@yahoo.com
Fax: (434) 589-8044 NO PHONE ENTRIES ACCEPTED!
Mail: Four Oaks Farm Attn: Aileen Ryalls
4048 Bvbees Church Rd Palmvra. VA 22963

Entry Number:

Horse/Pony Name:_____

Please check one: ____Horse ____Large Pony ___Medium Pony ___Small Pony

Rider:_____
Address: _____
_____
_____

Phone: (_____)_____
Email:_____
Please check one:
_____Junior Rider: Age _____
(Age as of December 1st of prior year)
_____Adult Rider (18 & over)

4-H Member?
_____No
____Yes, club:_____

Owner:_____
Address:_____
_____
_____

Phone: (_____)_____
Email**:**_____
Coggins Date Drawn:_____
Coggins Accession # _____
Coggins Owner:_____
Coggins address, if different from above:
_____
_____

In order for entry to be complete, negative Coggins test dated within 12 months of each show date must be presented before receiving show number. A waiver must also be signed by the participant, or parent/guardian of each participant if under 18.

Class # entered:	**Class Name:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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