Horse Show Series Entry Form Show Date: _____

Pre-entries submitted by the Wednesday before show date by way of:
Email: Four_Oaks_Farm@yahoo.com or
Mail: Four Oaks Farm Attn: Aileen Ryalls
4048 Bybees Church Road, Palmyra, VA 22963
NO PHONE ENTRIES ACCEPTED!

Entry Number:

Negative Coggins test, dated within 12 months of each show date, required to receive a show number.
A waiver must also be signed by the participant, or parent/guardian of each participant, if under 18.

Horse/Pony Name: _____ TIP #: _____

Please check one: ____ Horse ____ Large Pony ___ Medium Pony ___ Small Pony

Rider: _____
Address: _____
_____
Phone #: _____
Email: _____

Owner: _____
Address: _____
_____
Phone #: _____
Email: _____

Please Check One:

_____ Junior Rider, Age: _____
(Age as of December 1st of prior year)

_____ Adult Rider (18 & over)
____ Professional ____ Amateur

4-H Member?

_____ No

_____ Yes, club: _____

Trainer: _____
Trainer Phone #: _____

OFFICE USE ONLY

Amount due: _$_____

Paid: _____ **Initials:** _____
Cash: _____ **Check #:** _____
Card: _____ **Venmo:** _____

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