

**Team Name** (if entering as part of a Team): \_

## **Fox Ledge Farm**

29-A Daniels Road, East Haddam, CT 06423 (860) 873-8108 www.foxledgefarm.net eqarts@snet.net

## **Dressage Schooling Show Entry Form**

Rider's Name:	Age (if under 21):		
Street Address:			
City and State:		, Zip Code:	
Email:			
		Cell Phone:	
Horse's Name:			
Horse's Age:	Horse's Color:	Horse's Breed:	
Coggins Test & Rabies	Vaccination Date:		
Email current Coggins	s Test & Rabies Certificate to:	eqarts@snet.net	
Do we have your Fox l	Ledge Farm Liability & Medica	al Waiver on file? if N	o, please request
one from us at: eqarts	s@snet.net		
<del></del>		Owner's USD	F#:
	Class Description then choose h Regular Test \$35   or  Ride/C	or enter type of Test for each or Critique/ Ride \$80.	class below -
		es & enter total. There is no fee	for a number.
_		l - payable to eqarts@snet.net	
-	al transaction fee per test.		
Class Description:		_ Test:	Cost: \$
Class Description:		_ Test:	Cost: \$
Class Description:		_ Test:	Cost: \$
Class Description:		_Test:	Cost: \$
Office Processing Fee	Per Entry:		Cost: \$
If paying through Pa	yPal add up the Number of	Tests: x \$1.00	Cost: \$
Are you entering as pa	art of a Team ad	ld \$5.00	Cost: \$
Please add up all costs above & Enter Total Here Total			Due \$
If you cannot use PayPal	please send checks to above posta	al address.	