

ENTRY FORM

EVENTING KINDERGARTEN AUGUST 18/19and SEPTEMBER 15/16

RIDER..... HORSE.....

DIVISION..... DAY/DAYS.....

EMAIL ADDRESS.....

HOME ADDRESS.....

.....

TELEPHONE #..... OEF #.....

FEES:- SATURDAY (\$85).....

SUNDAY (\$95).....

BOTH DAYS (\$175).....

AMBULANCE (\$10/DAY).....

TOTAL.....