

**Addison County Field Days
Miniature Donkey & Mule Show
Entry Form**

Name of Owner: _____

Address _____

Phone # _____

Email: _____

Name of Handler: _____

(14 and under) Age _____ **DOB** _____

Address _____

Phone # _____

Email: _____

Parent Signature _____ **Date** _____

Registered Name _____ **Age** _____ **DOB** _____

Please check each class you enter.

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |
| 16. _____ | 17. _____ | 18. _____ |

of Stalls Reserved _____