

Addison County Fair & Field Days
Open Horse Show Entry Blank
 As of 1/1/2017

Name of Rider: _____

Name of Horse: _____ Birthdate: _____ (If junior exhibitor)

One rider per blank. Make copies if you need more.

Rider – Circle the number of the classes that you wish to enter:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

Total for classes:	@ \$5.00 ea. =	\$ _____	
	or \$6.00 ea. =	\$ _____	
Total for Numbers :	@ \$1.00 ea. =	\$ _____	(use same # if showing previously in the week)
Total for Stalls(box):	@ \$15.00 ea. =	\$ _____	
Showing out of Trailer	_____		
Grand Total:		\$ _____	

MAKE ALL CHECKS PAYABLE TO: ADDISON COUNTY FAIR & FIELD DAYS

Rider's Signature: _____

Parent/Guardian Signature: _____

Address: _____

City/State/Zip: _____

Emergency Contact and Phone # _____

Phone # : _____ Email: _____

Mail to: Jessica Stuart, 175 Church Road, Colchester, VT 05446 ~ (802-233-3013)

Check List

- Payment enclosed.
- Rabies certificate included (copy will not be returned)
- Health certificate & negative Coggins (for out of state horses)
- Check here if you need passes _____.
- **Enclose a large self addressed stamped envelope.**

OFFICE USE ONLY:

PAID: CASH CHECK# _____ NOT PAID

Number _____

Need RABIES OWES \$ _____ REFUND \$ _____