

Entry Form: SERIES MEMBERSHIP PD. DATE _____

BRHF # _____

PSHC # _____

Riders Name: _____

Horses Name: _____

Name and Address of Owner as appears on Coggins:

Accession # _____ Date Drawn _____ State _____

PLEASE CIRCLE CLASSES U WANT 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

ENTRY \$12.00 + _____ = _____ \$10.00 + _____ = _____

STALL FEE \$10.00 + _____ = _____

CASH _____ CHECK# _____ PD TOTAL \$ _____

INITIAL PERSON RECEIVING MONEY _____

MUST HAVE A CHECK ATTACHED TO RUN A TAB _____

MUST HAVE COPY OF COGGINS / WAIVER SIGNED _____

CHECK IF SERIES ENTRY FORM IS ATTACHED AND PD. _____