

Waivers \_\_\_\_\_ Coggins \_\_\_\_\_ Payment \_\_\_\_\_

NUMBER \_\_\_\_\_

### Bedford County Hunt Hunter Pace Entry Form

Please circle the division below that you wish your team to enter. (Choose only one.)

**Full Cry      Hill Topper      Trail Rider      100 Club (combined sum of 2 riders ages 100 or over )**

**Team Name:** \_\_\_\_\_

**Rider # 1:** \_\_\_\_\_

Horse: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Emer Contact: \_\_\_\_\_

\_\_\_\_\_

Emer Phone: \_\_\_\_\_

**Rider # 2:** \_\_\_\_\_

Horse: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Emer Contact: \_\_\_\_\_

\_\_\_\_\_

Emer Phone: \_\_\_\_\_

**Rider # 3:** \_\_\_\_\_

Horse: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Emer Contact: \_\_\_\_\_

\_\_\_\_\_

Emer Phone: \_\_\_\_\_

**Rider # 4:** \_\_\_\_\_

Horse: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Emer Contact: \_\_\_\_\_

\_\_\_\_\_

Emer Phone: \_\_\_\_\_