

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      Junior (at least 1 rider under age 18 )

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: \_\_\_\_\_