

Waiver _____ Coggins _____ Payment _____

INDIVIDUAL NUMBER _____

Bedford County Hunt Trail Classes Entry Form

Rider Name: _____

Horse Name: _____

If not also entered in the hunter pace, please complete the following:

Phone: _____ Email: _____

Address: _____ Emer Contact: _____

_____ Emer Phone: _____

And the Information from coggins certificate:

Owner's Name: _____

Owner's Address: _____

Test Date (date blood drawn): _____ State: _____

Lab Accession Number: _____

Trail classes:

_____ **Class 1 In-Hand Trail Obstacle \$10.00**

_____ **Class 2 Mounted Trail Obstacle \$10.00**

_____ **Both Class 1 & Class 2 \$15.00**