

COGGINS _____
LU WAIVER _____
BCH WAIVER _____

**BEDFORD COUNTY HUNT**  
**LU BRHF SPRING SHOW**  
**APRIL 25, 2021**

BACK NUMBER _____
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**HORSE NAME:** \_\_\_\_\_

**RIDER NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**TRAINER NAME:** \_\_\_\_\_

**CLASSES ENTERED**


CLASSES ENTERED _____ @ \$12	
STALL FEE @ \$35.00	
ADMIN FEE	5.00
PAID \$ _____ CK # _____	TOTAL DUE

**Horse Health Declaration:** By signing below, I declare that the horse named above has been in good health with a body temperature below 102F, eating normally, and has shown no signs of infection for at least 3 days preceding arrival at this event.

**SIGNATURES REQUIRED:** Please print the address clearly so we can send future prizelists to you!

OWNER	RIDER	TRAINER
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE	PHONE	PHONE
EMAIL	EMAIL	EMAIL