

Waiver \_\_\_\_\_ Coggins \_\_\_\_\_ Payment \_\_\_\_\_

TEAM NUMBER \_\_\_\_\_

**Bedford County Hunt Hunter Pace Entry Form**

**Adult rider fee: \$40.00      Under 18 rider fee: \$30.00**

**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 )**

**Rider Information:**

Name: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

**Horse Information from coggins certificate: (bring hard copy to leave with Secretary)**

Horse's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Test Date (date blood drawn): \_\_\_\_\_ State: \_\_\_\_\_

Lab Accession Number: \_\_\_\_\_

**Team members:** \_\_\_\_\_

**Ribbons (Select one option)**

Mail to rider (be sure to provide a complete address above)

Pick up at next BCH hunter pace

Other: \_\_\_\_\_

Save BCH money – Donate ribbon back to BCH