

**2017 Frazier Farm Horse Trials**  
**June 4                  August 13                  Oct. 1**  
**(please circle one)**

**Official Use Only**

<b>Entry Fees</b>		<b>Number</b>
<b>Coggins Test</b>		
<b>Signatures</b>		

**Send Entry To:**  
**Horse Trials Secretary**  
 335 Middle Road Tpk.  
 Woodbury, CT 06798

**Incomplete or phoned-in entries, changes to an entry, and entries after closing date will incur a \$20 fee.**

Rider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_

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

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

<b>Division</b>	<b>Horse Name</b>	<b>Age</b>	<b>Height</b>	<b>Color</b>	<b>Sex</b>	<b>Entry Fee</b>

**If riding more than one horse, please state the horse's name, division, and the riding order of preference.  
 Do not include piney deposit in entry fee; separate check of \$10, please!**

**On A Team?** List names of 2 or 3 teammates: \_\_\_\_\_  
 Name of Team: \_\_\_\_\_

Special Requests: \_\_\_\_\_

I have enclosed herewith a total of \$ \_\_\_\_\_ for the aforementioned entry, which is made at my own risk and subject to the conditions of the sponsoring Horse Trails and, where applicable, the regulations of the USEA. I understand that neither the Organizing Committee, nor the employees and owners of Frazier Farm accept any responsibility for accidents, damage, injury, or illness to the horses, owners, riders, employees, attendants, spectators, or any other person or property owners in connection with this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Note: A parent or guardian must sign entry if competitor is under 18 years of age.)**

Trainer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Trainer's Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_