49th ANNUAL BLUEFIELD SHRINE HORSE SHOW JULY 20, 21, & 22, 2017

Office Use	Name of Horse Class Number Under Name						Coggins Number	Rider (if more than one rider, specify rider and class)	Owner Name and Address:	Entry Fee:
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<u>PLEASE NOTE:</u> THE SECRETARY'S BOOTH WILL CLOSE THIRTY (30) MINUTES <u>PRIOR</u> TO THE START OF EACH SESSION. IF POSSIBLE, PLEASE PROVIDE EXTRA COPIES OF YOUR COGGINS AND HAVE YOUR ENTRIES FILLED OUT COMPLETELY WHEN YOU COME TO THE SECRETARY'S BOOTH. <u>ENTERING EARLY IS ENCOURAGED!</u> THIS HELPS OUR SECRETARY GREATLY!

Total Entry Fees* Stalls @ \$65.00	Print Name:				
(no bedding provided)	Address:				
Bedding @ \$5.00 each	City: State: Zip:				
Total Amount Due					
Paid: Cash or Check	Phone: ()				
	Email Address:				

*Checks for entry fees & stalls should be made payable to: BLUEFIELD SHRINE HORSE SHOW