ENTRY FORM COLLENS COVE RANCH RACING

DATE:

RIDERS NAME: ADDRESS:

EMAIL: PHONE:

HORSES NAME AND AGE:

DIVISION:please check all that apply:

young guns35\$
youth 65\$
hreen horse 65\$
noivce 65\$
intermddiate 65\$
ride smart age 55+ 65\$
non-pro 65\$
open65\$
staurday sunday

PEN/STALL needed how many days?

PARKING: please let me know the size of trailer you have ?.

OVERNIGHT:yes or no

PLAYDAY 25\$:

VOLUNTEER spot please choose two for each day

GATE:

TIMER(WE NEED TWO):

SCRIBE:

POOP CLEANUP AND RESET COURSE:

exca membership number please: 30 day trial 17 &under international family

Must have a membership to race.

For more info please contact collens cove ranch @ 587-990-4184

please add your horses bio on the back and forward front and back to the above cell number and you wil recieve a confirmation with etranfer info for payment no cash will be taken on site unless you have previously arranged it.