BLUE CLOUD FARMS, INC.

ENTRY FORM FOR COMPETITION

Name of Competition:_____

Date of Competition:_____

Name of horse:_____

Rider's Name:_____

Phone number:_____

Email:_____

Class #	Class description	Fee
		$
		$
		$
		$
		$
		$
		$
	Office Fee	$
	Training Fee	$
	Total Fees	$

*Please make checks payable to Blue Cloud Farms and GOOD LUCK!!!

THANK YOU!!!