

MDPFHA Gaited/Non-Gaited Horse Fun Show
October 9th, 2021
Entry Form

Horse Name _____ Breed _____

Owner's Name _____

Telephone Number _____

Owner's Address _____

City _____ State _____ Zip _____

Coggins # _____ Coggins Date _____

Rider's Name (please print) _____

Total Number of Individual Classes _____ X \$6.00 = \$ _____

Or All-Day Entry Fee per horse/rider \$45.00 \$ _____

TOTAL DUE \$ _____

Classes Entered (only complete if paying for individual entries)

I enter the above horse at my own risk and subject to the rules under which the classes will be conducted. I agree that in case of loss or injury involving either horse or exhibitor, I will make no claim whatsoever against the property owner, this show, or any individual connected with it. I understand that I am riding at my own risk. Riders under the age of 18 must have parental consent.

Rider Signature _____ Date _____

Parent or Guardian Signature (if rider under 18) _____

Print Name _____

Make checks payable to: Mason Dixon PFHA and mail to:

Susan Crawford
1551 HERITAGE LANE
York, PA. 17403