



ENTRY FORM

Show Date: _____ Location: Lakes Region Riding Academy

Rider's Name: _____ DOB: _____

Address: _____ Town: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Horses Name: _____

Breed: _____ Age: _____ Sex: **MARE** or **GELDING** or **STALLION**

ECCRA Member: **YES** or **NO**

Class Entries:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Classes Entered: _____ x \$10.00 = _____

Office Fee: \$5.00

Total: \$ _____

Signature: _____ **Date:** _____

(Parent/Guardian Signature for riders 17 & under)

Please send completed form to: agunderson34@yahoo.com

Coggins: _____ Rabies: _____ Paid: _____ Back Number: _____