

SILVER LINING EQUESTRIAN CENTER HALLOWEEN SHOW ENTRY FORM

Mail Entries to:

42 Pine Street

Columbia, Ct. 06237

Exhibitor _____

Date of Birth _____

Street Address _____

Town _____ State _____ Zip _____

Name of Horse _____

Color _____ Sex _____ Mandatory Copy of Rabies and Coggins. Can mail or bring day of the show!

Stable _____

Please Circle Classes

- | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 39 | 40 | 41 | | | | | | | | | | | | | | | | |

Office Fee \$10.00

Class Fees

Costume Class \$5.00x _____

Regular Class \$10.00x _____

Over Fence Warm up

3 Horses/5Min/\$5.00 _____

I have read and understand the attached liability waiver

_____ Date ____/____/____

If not Preregistered before Wed Oct. 23th there will be a 10\$ Fee Added to your total!

Total _____