



2014 FUN SHOW

SHOW DATE:

RIDER:

AGE:

ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER:

EMERGENCY CONTACT AND NUMBER:

MEDICAL CONDITIONS:

HORSE NAME:

CLASSES:

AMOUNT ENCLOSED:

A liability form must be signed upon arrival.

\$10 per class if paid in advance, \$12 day of
Make checks payable to Coyote Spring Farm.

For directions or more information, contact Jocelyn: Jocelyn@coyotespringfarm.com

Please mail a copy of current negative coggins, entry, liability form, and payment to:

Coyote Spring Farm
150 Mast Rd
Lee, NH 03861