



Fox Ledge Farm

29-A Daniels Road, East Haddam, CT 06423
(860) 873-8108 www.foxledgefarm.net eqarts@snet.net

Dressage Schooling Show Entry Form

Rider's Name: _____ Age (if under 21): _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Horse's Name: _____

Horse's Age: _____ Horse's Color: _____ Horse's Breed: _____

Coggins Test & Rabies Vaccination Date: _____

Email current Coggins Test & Rabies Certificate to: eqarts@snet.net

Do we have your Fox Ledge Farm Liability & Medical Waiver on file? _____ if No, please request one from us at: eqarts@snet.net

Rider's USDF#: _____ Horse's USDF#: _____ Owner's USDF#: _____

In next section enter Class Description then choose or enter type of Test for each class below -

Class with Regular Test \$30 or Ride/Critique/ Ride \$80.

Please add up cost of Test(s) plus any applicable fees & enter total. There is no fee for a number.

The preferred method of payment is through PayPal - payable to eqarts@snet.net

There is a \$1.00 PayPal transaction fee per test.

Class Description: _____ Test: _____ Cost: \$ _____

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Office Processing Fee Per Entry: _____ Cost: \$ _____

If paying through PayPal add up the Number of Tests: _____ x \$1.00 Cost: \$ _____

Are you entering as part of a Team _____ add \$5.00 Cost: \$ _____

Please add up all costs above & Enter Total Here Total Due \$ _____

If you cannot use PayPal please send checks to above postal address.

Team Name (if entering as part of a Team): _____