

Breezeway TallBoots Hunter Jumper Series

Title Sponsor: Breezeway Sporthorse & Diagnostic Clinic

Entry Form 2020



ONE HORSE PER ENTRY FORM:

Horse # _____

Rider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Number: _____

Horse: _____ Owner: _____

Rider D.O.B.: _____

Classes Entered: _____

Schooling: Friend of the Park Non-Friend of the Park

Stabling: YES NO Stabling with: _____

Shavings: _____ Number of bags

RV: _____ Number of nights

Fees

Total Class Fees	
Total Misc Fees	
Non-Competing Horse Fees (\$15 per horse)	
GRAND TOTAL FEES	

Send entries and payment to:

Mail: Margaret Crevar, 6300 Ashemont Road, Aberdeen, NC 28315

Email: Margaret.crevar@sas.com

Cell: (919) 623-5257 **CHP Phone:** (910) 875-2074 **Fax:** (910) 875-4310

Please provide credit card information on following page

Make checks payable to Carolina Horse Park

CHP reserves the right to split, cancel, or combine classes and to add or substitute judges.

****All entries must be accompanied by PAYMENT, CHP RELEASE, and current 12 month negative COGGINS.****

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Credit Card Information

This page will be destroyed after card has been run

* I wish to make a contribution of \$ _____

Total Due: _____

Credit Cards Accepted: Master Card Visa American Express Discover

Credit Card Number: _____ Expiration: _____ V-Code: _____

Name on Card: _____ Signature: _____

Address associated with card: _____

City: _____ State: _____ Zip Code: _____

Office Use Only

Qty

Hunter Rounds _____

Jumper Rounds _____

Hunter Divisions _____

Stabling _____

Shavings _____

RV / Camping _____

Schooling _____

FOTP _____

Non FOTP _____

Other _____

Describe _____
