



TACK SHACK

Blanket Cleaning and Repair

Tack Shack Wednesday Jumper Series Entry Form

Name of Rider: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Email Address: _____

Name of Legal Guardian if under 18: _____

Emergency Contact (Name and phone number): _____

Name of Horse: _____

Class Name [EX. B.18"]	Number of Rounds per Class

Total Amount: \$12 per class	
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Rider Signature _____ Date: _____

Parent/Guardian (if under 18) _____ Date _____

Mail Entries to:
Jessica Plante
17 Jennifer Lane
Strafford NH 03884

Email Entries: Jkplante14@gmail.com

Complete Entries will have Entry Form, Payment, Valid Coggins and Signed Release

Checks made out to: Brookvale Pines Farm