

Cold Brook Stables 2014 Belt Buckle Game Series

Mail Entries to: Cheryl Brown, PO Box 181, Vernon, VT 05354
(802) 258-0905 or cheryl@coldbrookstables.com

DATES: May 18 June 22 July 20 Aug 24 Oct 5

NAME OF HORSE _____

YEAR FOALED _____ SEX _____ COLOR _____ BREED _____

EXHIBITOR NAME _____ AGE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____

E-MAIL _____

OWNER NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____

E-MAIL _____

I hereby enter the listed classes at my own risk and I am subject to all the rules of the show. I agree that I will make NO claims against Cold Brook Stables and its members and riders, any organization, committee or persons connected with this show for damage to animals, persons or property.

OWNER SIGNATURE _____

EXHIBITOR SIGNATURE _____

PARENT/GUARDIAN _____

CLASSES: Please circle the classes you wish to enter.								
Lead Line	1	2	3	4				
Youth W/T	5	7	9	11	13	15		
Adult W/T	6	8	10	12	14	16		
Youth:	17	19	21	23	25	27	29	31
D1 D2 D3								
OPEN:	18	20	22	24	26	28	30	32
D1 D2 D3								
Extra Classes*	33	34	35	36				

*Extra class prices are included in the per division fees. If rider is not paying for the whole division, then each extra class is \$6.

ONE HORSE/ONE RIDER PER ENTRY FORM

Please make checks payable to Cold Brook Stables

Office Use Only Please

Coggins# & Date: _____

Per Class Fee		X \$6	\$
Lead Line Division Fee		X \$24	\$
W/T Division Fee (Youth & Adult)		X \$36	\$
Youth & OPEN Division Fee		X \$45	\$
TOTAL DUE			\$