

ENTRY FORM - Attach COPY of Coggins for each horse

AUTUMN OLIVE FARM

NUMBER/S: _____

4566 Tabscott Road - Columbia, VA 23038-2305

autumnolivefarm@msn.com – 804.457.3707 – www.autumnolivefarm.com

SHOW DATE: _____

#	HORSE NAME	RIDER	OWNER	CLASSES
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____
_____	_____ - S M L H - _____	_____	- Jr Ad - _____	_____

OFFICE USE ONLY:

Every entry at an Autumn Olive Farm competition shall constitute an agreement and affirmation that the owner, rider and any other of their agents or representatives acknowledge that they participate voluntarily in the competition, fully aware that horse sports involve inherent danger & risk, & by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the Autumn Olive Farm, their owners, officials, employees, volunteers and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said owners, officials, employees, volunteers or agents. I AGREE that this agreement is given in part under the Va. Equine Activity Liability Act (3.1-769.130 and following of the code of Virginia), which is hereby incorporated herein by reference. I agree to allow AOF to use any photos.

Owner Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Trainer (optional) _____

Division/Jump Height _____

Total classes: PRE _____ @ \$ _____ \$ _____

Total classes: POST _____ @ \$ _____ \$ _____

Extra Fee / Discount: _____ \$ _____

PAID: CASH / CHECK # _____ TOTAL: \$ _____

Horse #	Coggins Accession Number	Date Drawn
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Exhibitor (or Guardian if under age 18) _____