

First Back Number requested: _____ Second Back Number requested: _____
(if first is not available)

Name of horse: _____ Year Born: _____

Name of owner: _____

Address of owner: _____
Address City State Zip

Phone of owner: _____

Email of owner: _____

Trainer affiliation if any: _____

Check divisions this horse will show:

___ Open Jr ___ Open Sr ___ L1 Amateur ___ Amateur
___ Select ___ L1 Youth ___ 13 & under ___ 14-18
___ Small Fry

The division you nominate for will be the division the points will count towards IF a division is combined.

Please list EXHIBITOR for each non-pro division

Small Fry _____
L1 Youth _____
13 & under Youth _____
14-18 Youth _____
L1 Amateur _____
Amateur _____
Select _____

Note - open is based on the horse. All other points will count as horse/rider combo.

Return this form - one HORSE/NUMBER request - per form:

An Equine Production

Kathy Avolt

3930 Old Romney Rd

Lafayette, IN 47909

Checks payable to Kathy Avolt.

NO form will be accepted prior to enrollment period.

Office Area:

_____ postmark

_____ check number