



PO BOX 375 LAKE ARIEL, PA 18436
EVENT REGISTRATION FORM 2016

DATE OF EVENT: _____

NAME OF EVENT: _____

TYPE OF EVENT: ENGLISH _____ WESTERN _____ DRESSAGE _____

EVENT LOCATION: _____

NAME OF SHOW MANAGER: _____

PHONE NUMBER OF SHOW MANAGER: _____

ADDRESS OF SHOW MANAGER: _____

ALTERNATE CONTACT PERSON : _____

ALTERNATE CONTACT PHONE: _____

FEES:

\$100.00 PER EVENT DATE: _____

\$ 150.00 PER TWO DAY EVENT: _____

\$ 50.00 PER DRESSAGE EVENT DAY: _____

TOTAL DUE \$ _____ AMOUNT PAID: \$ _____

PAYMENT:

CASH: _____ CHECK NUMBER: _____ AMOUNT: _____

RECEIVED BY: _____