

Negative Coggins and Payment must be included for entry to be processed

2020 Schooling Two Phase and Dressage Show Series Phone: Marina 978-697-7858 Kristin (Secretary) 603-440-3564 kristinwesson@gmail.com Web: www.cutterfarm.com E-mail: info@cutterfarm.com

## □4/19 □5/17 □6/21 □7/19 □8/16 □9/20 □10/18 Close Date: Thursday Prior to Show at 12:00 PM Sharp

Rider:		$\Box$ Junior (< 18) $\Box$ Senior
First	Last	
Address		
		Zip:
Phone:	E-mail:	
Emergency Contact for Day of e		eceive dressage/stadium ride times-write legibly
	First La	ast Phone w/area code
		(one entry form per horse/rider combination)
		ner:
Breed: Sex:	Age: Heigh	ht: Color:
<ul> <li>Intro Test A (Walk/Trot)</li> <li>Training Test 1</li> <li>Test of Choice:</li> <li>Western Dressage ~\$40 Per T</li> <li>Intro Test 1 (W/T)</li> </ul>	<ul> <li>('19 Intro Test B) Extra 8 Beg. Nov. Test A)</li> <li>est '19 tests unless Eventing a</li> <li>intro Test B (Walk, Training Test 2</li> <li>Fest '17 Tests - Revised 19" values</li> <li>tro Test 2 (W/T) Intro Test Basic Test 2 (W/T/C) Basic</li> </ul>	□Training Test 3 ersion st 3 (W/T) □ Intro Test 4 (W/T) Test 3(W/T/C) □ Basic Test 4(W/T/C)
2-Phase Total \$ Dressage Total \$ Extra Jump Round \$ Grand Total \$		Mail entries to: The Cutter Farm 710 Mammoth Rd. Dracut, MA 01826 Refunds/Changes: Refunds and/or changes subject to \$25 office fee. No refunds after closing date.

SIGNATURE \_