



Foolin Around Fun Show Registration Form

1

RIDERS NAME: _____

HORSES NAME: _____ **HORSES NUMBER:** _____

Address: _____

Phone: _____ E-Mail Address _____

Coggins Expiration Date: _____



Classes: Please Circle all classes this horse and rider team are entering. **Note: One registration form needs to be filled out for each horse and rider team.**

- 1 14
- 2 15
- 3 16
- 4 17
- 5 18
- 6 19
- 7 20
- 8 21
- 9 **22 Jackpot**
- 10 23
- 11 24
- 12 Jackpot** 25
- 13 Jackpot**

I have read, understand and will adhere to the Therapeutic Horsemanship/ MRSC Release of Liability form.

I give my permission to MRSC to use my photograph and name in MRSC press releases or postings on the MRSC website.

I do not give my permission to MRSC to use my photograph and name in MRSC press releases or postings on the MRSC website.

Participants Signature: _____ Date: _____

Guardians Signature: _____ Date: _____

Number of Classes _____ x \$5.00	
Number of Jackpot Classes _____ x \$10.00	
Number of Stalls _____ x \$35.00 (overnight) Number of Stalls _____ x \$15.00 (day)	
Pattern Book ____ \$8.00 donation (member) ____ \$10.00 donation (non member)	
Total Due:	

Check Number: # _____ Cash: \$ _____