51th ANNUAL BLUEFIELD SHRINE HORSE SHOW JULY 18, 19, & 20, 2019

Office Use	Name of Horse Class Number Under Name					Coggins Number	Rider (if more than one rider, specify rider and class)	Owner Name and Address:	Entry Fee:
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PLEAS AND H	E NOTE: THE SE AVE YOUR ENTE	CCRETARY'S BORIES FILLED O	OOTH WILL OUT COMPLET	CLOSE THIRTY TELY WHEN YO	Y (30) MINU OU COME T	TES <u>PRIOR</u> TO TI O THE SECRETA	HE START OF EACH SESSION. IF RY'S BOOTH. <u>ENTERING EARL</u>	POSSIBLE, PLEASE PROVIDE EX Y IS ENCOURAGED! THIS HELPS	XTRA COPIES OF YOUR COGGINS S OUR SECRETARY GREATLY!
Total Entry Fees* Stalls @ \$70.00 Print Name:									
(no bedding provided) Address:									
Bedding @ \$5.00 each City:						State:	Zip:		
Total Amount Due Phone:									
Paid: Cash or Check				()_					
				Email Addres	SS:				

*Checks for entry fees & stalls should be made payable to: BLUEFIELD SHRINE HORSE SHOW