

Office Use  
 Entry # \_\_\_\_\_  
 Check # \_\_\_\_\_

FLORIDA FOXTROTTER ASSOCIATION  
 MARCH SPECTACULAR  
 March 20 – 21, 2010  
 Ocala Foxtrotter Ranch  
 Ann Hays fax # 904-277-2810  
[Hays5671@yahoo.com](mailto:Hays5671@yahoo.com)

One Entry Per Horse

Horse Name \_\_\_\_\_ circle one: mare gelding stallion  
 Owners Name \_\_\_\_\_ Registration # \_\_\_\_\_  
 Address \_\_\_\_\_ Coggin # \_\_\_\_\_  
 \_\_\_\_\_ Coggin Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

Class #	Class Name	Rider Name	Rider Date of Birth

No. of classes \_\_\_\_\_ entry fee \$12.00 each = \$ \_\_\_\_\_  
 No. of Championship \_\_\_\_\_ entry fee \$20.00 \$ \_\_\_\_\_  
 3D Class.....fee \$35.00 \$ \_\_\_\_\_  
 No. of stalls \_\_\_\_\_ fee \$45.00 (fri & sat) \$ \_\_\_\_\_  
 RV hook up: Full @ \$60.00 (fri & sat) \$ \_\_\_\_\_  
                   Electric @ \$25.00 (fri & sat) \$ \_\_\_\_\_  
  
 TOTAL FEE \$ \_\_\_\_\_

Upon signing this entry form, I do not hold the Florida Foxtrotter Association and/or the Ocala Foxtrotter Ranch, responsible for any insures, damages or theft that may occur to me, my minor children or personal property while observing or participating at this horse show or while on the show grounds. I agree that my child (under the age of 16) will wear an appropriate helmet. I further agree that every horse is eligible as entered and sound.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Rider/Handler Signature: \_\_\_\_\_ Date \_\_\_\_\_