



2019 DERBY CROSS SERIES

SHOW DATE:

RIDER:

AGE:

ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER:

EMERGENCY CONTACT AND NUMBER:

MEDICAL CONDITIONS:

HORSE NAME:

LEVEL:

TEAM NAME:

AMOUNT ENCLOSED:

A liability form must be signed upon arrival.

\$50 if paid in advance, \$55 day of
\$15 for additional, unjudged rounds
Make checks payable to Coyote Spring Farm.

For directions or more information, contact Jocelyn: Jocelyn@coyotespringfarm.com

Please mail a copy of current negative coggins, entry, liability form, and payment to:

Coyote Spring Farm
150 Mast Rd
Lee, NH 03861