

**Blue Goose Stable, LLC
Combined Test Entry Form**

Please make copies: One horse per form.

Mail entries to: Blue Goose Stable, LLC
210 White Horse Rd
Cochranville PA 19330

OFFICE USE ONLY

Pinney Number: _____
Paid ck: _____
Coggins Report: copy enclosed: Y / N
State: __ Accession #: _____

Rhino / Flu Vaccination Date: _____

Date of Competition: _____

Horse:	Breed:	Gender:	Color:	Age:
Are you enrolled in the BGS Year End Program?				
Rider:				
Address:				
Jr: Date of Birth:				
Phone:		E-mail:		
Owner:		Address:		
Phone:		E-mail		
Division (s)	Division Description Horse / Rider / Open			

Total Division fees @ \$50.00 / Division	\$
Late Entry \$25.00 (post mark after close date)	
Total Entry Fees	\$

Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Blue Goose Stable LLC, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Rider: _____ Date: _____ (Parent or Guardian , if rider is under 18)

Signed Owner: _____ Date: _____