

Exhibitor Number \_\_\_\_\_

Horses Name \_\_\_\_\_

Current Neg Coggins # \_\_\_\_\_

Exhibitor Name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age (as of Jan 1<sup>st</sup>) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ (reach you at today)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Total # of Classes \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_ OR

Ride all Day (excludes Sweepstakes Classes) \$50.00

Total # of Sweeps \_\_\_\_\_ X \$10.00 = \$ \_\_\_\_\_

Registration Fee \$3.00

TOTAL \$ \_\_\_\_\_

Check # OR Cash Payment

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signature of Parent or legal Guardian if 18 years of age or younger

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Signature of ADULT 19 yr or older

DATE

Release for Audio, Video, Film & Photographs \_\_\_\_\_ I AGREE to allow the Pink Derby Committee to take photos/audio/video of me/and or my child for use in Pink Derby educational, promotional, and/or marketing materials. No addresses or phone numbers will be published within these materials.