

Autumn Grove Stables

11026 Sinepuxent Road Berlin, MD 21811

FAX: 410-641-0723

NUMBER: _____

Rider's Name: _____ Age of Rider: _____

Horse / Pony: __ (Please Circle One) _____

Rider's Address: _____

Rider's Phone No: _____ E-mail: _____

Trainer/Barn : _____ Coggins: Y / N

Class Number 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

(Please Circle) 16 17 18 19 20 21 22 23 24 25 26

I, or parent/guardian if rider is under 18, understand that I and/or my child ride at our own risk. I will not hold Autumn Grove Stables, its owners or its agents responsible for injury or damage to myself, child, horse and/or personal property. By signing below, I give permission for my minor child to participate in this Horse Show.

Signature: _____ Date: _____
(Rider/Parent/Guardian)

Each Pony/Rider Combination Grounds Fee: \$ 10.00

Classes: \$10.00 \$ _____

Stalls: \$35.00 \$ _____

Friday Schooling (\$20) \$ _____

TOTAL DUE: \$ _____

Amount Paid: _____

Office Notes: _____

(Make check payable to AGS or Autumn Grove Stables) Fax: 410-641-0723

E-mail: Katienaughton@yahoo.com 443-235-0257 Katie Naughton

**THANK YOU SPONSORS AND PARTICIPANTS!
WE HOPE YOU ENJOY YOUR HORSE SHOW!**

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