
Registration Form

Almeda Farm
749 Salem Church Rd.
Boyce, VA 22620
www.almedafarm@gmail.com

Personal Information

*Required information

* Name: _____
* Mailing Address: _____
* City: _____ *State: _____ *Zip Code: _____
* Phone: _____

Select

*** Bring coggins day of your event. We check draw date on every coggins***

Obstacle Play Day, November 10. \$30 per horse, nonrefundable

Morning

Afternoon

Stall Rental _____ nights
\$35 per night

Make check payable to Almeda Farm or *paypal (personal account, not business account fees charged)* almedafarm@gmail.com

Emergency Contacts

Name: _____ Relationship: _____
Telephone _____ Address: _____
Name: _____ Relationship: _____
Telephone _____ Address: _____