

2024 Kathy Norman Memorial Junior Horse Show Entry Form

EXHIBITOR INFORMATION			
EXHIBITORS NAME _____		ADDRESS _____	
COUNTY _____	AGE _____	BIRTHDATE _____	PHONE _____
EMAIL _____			
HORSE INFORMATION			<u>FEES</u>
CLASS NUMBER	COGGINS NUMBER	HORSE'S NAME	ENTRY FEES
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL FEES			\$

**PRE-REGISTRATION
DUE MARCH 22nd**

Do not send
payment.
Fees will be paid on
show day.

Checks payable to:
McDowell Ag Youth Foundation

Mail completed form to:
NC Cooperative Extension-McDowell Center
60 E Court Street
Marion, NC 28752

I have read and agree to abide by the show rules

Exhibitor signature _____

Please include a negative coggins test with entry form!