GOOD FELLOWSHIP RIDING CLUB Entry #: _____ **OCTOBER FAMILY FUN SHOW** Show Date: SUNDAY, OCTOBER 19, 2025 @ 10a.m. Coggins date: _____ PRE-ENTER AT: www.goodfellowshipclub.com (no discount for pre-entry) Address: __ City, State, Zip _____ Email address: Riders Age: ______ (17 & under as of 1/1/25) Horse/Pony Name _____ DOB _____ (for 17 & under) ***CIRCLE THE CLASSES YOU WANT TO ENTER*** Number of classes entered DAY OF SHOW _____ x \$8.00 OR ____ x \$45.00 ALL DAY \$____ Total THERAPEUTIC 2 LEADLINE WALK (8&under) 3 LEADLINE WALK/JOG/TROT (8&under) WALK/JOG OR TROT (12&under) WESTERN/ENGLISH PLEASURE (12&under) OPEN WALK/JOG OR TROT OPEN WESTERN/ENGLISH PLEASURE OPEN EGG AND SPOON 9 OPEN MUSICAL RIBBON **LUNCH BREAK** 10 COSTUME CLASS 11 OPEN ROOSTER PICKUP 12 OPEN CRAWL THROUGH THE BARREL 13 OPEN 50 YARD DASH 14 OPEN BARRELS 15 OPEN SPEED BARRELS 16 OPEN POLE BENDING 17 OPEN BOW TIE RACE 18 OPEN KEYHOLE SHOW OFFICE USE ONLY: cash \$ check #

Received by:

3

PLEASE SIGN BACK OF FORM