

# 2020 FIX A TEST ENTRY FORM

Circle Date: Jan 11 Feb 8 Mar 14

Rider \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Horse \_\_\_\_\_

Coggins Date \_\_\_\_\_

Current description of training/showing experience/goals:

\_\_\_\_\_

\_\_\_\_\_

Test 1 Chosen \_\_\_\_\_

Test 2 Chosen \_\_\_\_\_

Fee \_\_\_\_\_

*Checks Payable to Thornridge Manor, LLC.*

*\*PayPal available upon request\**

**Return to [info@thornridgemanor.com](mailto:info@thornridgemanor.com)**

**PO Box 4010 \* Glen Arm, MD 21057**