

**MID-OHIO DRESSAGE ASSOCIATION
SCHOOLING SHOW ENTRY FORM
(One horse/rider combination per entry)**

Name of Horse: _____ Sex _____ Age _____ Breed _____

Name of Rider: _____ E-mail _____

Address of Rider: _____

Phone number of Rider: home _(____)_____ cell _(____)_____

Name of OWNER: _____

Class Number	Test Level	Test Number	Entry Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total class fee \$ _____

Stall Fee.....\$ _____

Total enclosed \$ _____

Stable with _____

Signature of Rider/handler _____ (mandatory)

Signature of Owner _____ (mandatory)

Emergency contact information (mandatory)

Name of contact _____ phone number _(____)_____

Make check payable to: MODA

Send entry & check to: Cathy Jacob
7230 Cincinnati Brookeville Road
Okeana OH 45053 (513) 738-2746