

Fitch's Corner Clear Round Jumping

Saturday, June 5th, 2010

Rider	Owner	Horse											
Name _____ Address _____ _____ Email _____ Phone _____	Name _____ Address _____ _____ Email _____ Phone _____	Name _____ Age _____ Height _____ Color _____ Breed _____											
Trainer	Classes Entered	Fitch's Corner 632 N. Mabbettsville Road Millbrook NY 12545 Phone: 845-677-5479 Fax: 845-677-8128 Email: secretary@fitchscorner.com											
Name _____ Address _____ _____ Email _____ Phone _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">#</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		#	Description	Fee	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
Office Use Only	Rider #	Check # Cash											