

**7CPHC**

**Entry #** \_\_\_\_\_  
**Cash or Check #** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Age (If minor): \_\_\_\_\_

Entry Fee: \$13.00 per Class for Early Entry ( Received By 04/28)  
\$15.00 per Class  
\$ 5.00 Drug Fee

Circle Class Numbers

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69

Horse's Name: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

**PLEASE USE A SEPARATE FORM FOR EACH HORSE/RIDER  
COMBINATION. MAKE CHECK PAYABLE TO 7CPHC.**