

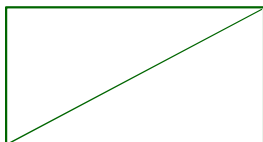


Sept 23, 2018

2018 Alexandria Trail Pace

Rider's Name _____ Phone _____

Team # / Rider #



Email _____

Address _____

City, State, Zip _____

Emergency Contact _____ Phone _____ Relationship _____

Horse's Name _____ Coggins Date _____



Adult = \$45
Jr (18) = \$25

Division **Family** **Open** **Jr**

Course **Short** **Long**

Team Group Number _____ # Riders in Group _____

Payment _____

Start Time _____ End Time _____

Total \$ _____

Placing in Division

Elapsed Time