

# QUADRILLE TEAM REGISTRATION FORM

Winter Warmup Combined Test  
February 3, 2007

Please Note: Each team should designate a Primary Contact person

Primary Contact name \_\_\_\_\_

Telephone(s): \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_  
*Please print clearly*

**Team Information:** (Please list your name first followed by your team mates' names.)

Team member 1—Name \_\_\_\_\_

Horse \_\_\_\_\_

Team member 2—Name \_\_\_\_\_

Horse \_\_\_\_\_

Team member 3—Name \_\_\_\_\_

Horse \_\_\_\_\_

Team member 4—Name \_\_\_\_\_

Horse \_\_\_\_\_

Please send this form along with your show registration form, current coggins,  
signed GDCTA hold harmless form and check to cover all entry fees to :

Ashland Farm  
516 Highway 81  
Covington, GA 30014

770 786-6703  
ashlandfarm@earthlink.net