



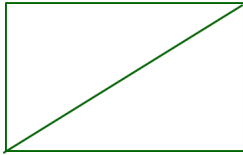
**ALEXANDRIA
EQUESTRIAN ASSOC.**

Sept 22, 2019

2019 Alexandria Trail Pace

Rider's Name _____ Phone _____

Team # / Rider #



Email _____

Address _____

City, State, Zip _____

Emergency Contact _____ Phone _____ Relationship _____

Horse's Name _____ Coggins Date _____

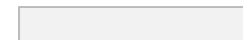
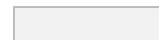


Adult = \$45 Division **Family** **Open** **Jr**
Jr (18) = \$25

Team Group Number _____ # Riders in Group _____

Payment _____

Start Time _____ End Time _____



Total \$ _____

Placing in Division

Elapsed Time