South Coast Miniature Horse Connection
Fat & Fuzzy Show
ENTRY FORM

Proof of Insurance___

For Office Use Only
Exhibitor #_____ Paid: Cash___ e-transfer-___

Owner _____

Address _____**Postal Code** _____

Phone _____ **Email** _____

Section #	Horse's Name	(Office Use) Entry #	Handler's Name	Fee: $5/class

2026 paid Member: Yes No **Event Fee: Member____** **Non- member ____** **Sub total_____**

Total Due_____

(Office Use)

Section #	Horse's Name	Entry #	Handler's Name	Fee $5/class

2026 paid Member: Yes No **Event Fee: Member____ Non- member ____**

Sub total_____
Total due_____