



2010 ECSJ Horse Show Application

Date(s) requested: _____

Name of Show: _____

Show Manager: _____

Address of Manager: _____

Location of show if different than manager: _____

Phone #: _____

Email: _____

Payment of \$50.00 for each show date requested is due with application. Please make checks payable to ECSJ.

By signing this form, show managers agree to adhere to the rules and regulations of the English Circuit of South Jersey as set forth in the rules of the organization. Rules can be found on the web at www.ecofsj.com.

Signature of show manager

Approved _____

Not Approved _____

ECSJ Horse Show Coordinator

