

ESQHA
“THE SIZZLER”
August 10, 2021
HORSEHEADS, NY

Ride The Pattern Form

Contact Name _____ Phone: _____

Address: _____

Email _____

TRAIL CLINIC: *Tuesday, August 10, 2021 @ 4:00 pm*

_____ \$ 50.00 X _____ (# Of Slots) = _____

Grand Total _____

PAYMENT METHOD

_____ Check enclosed (payable to ESQHA)

_____ Credit card (4% convenience fee)

Card Number _____

Expiration _____

V Code _____

Zip Code _____

Please send reservations and payment to:

ESQHA - P.O. Box 294, Waverly, NY 14892 (607) 857-0444 / esqha1962@gmail.com