**GOAT RACES  
ENTRY FORM**

**Please Submit by July 10th – We will accept entries on the day of the event.**

**Exhibitor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goats Name:  
  
Breed:**

**Age:**

**Please tell us anything you like about yourself and / or your goat! (how long you’ve had your goat, if you’ve trained your goat, funny stories, etc.)**

**Please Complete and mail to:**

**Matt Gray  
637 Pendleton Hill Road  
North Stonington, CT 06359**

**(860)599-3053 if you have any questions!**

**\*\* Please be sure to have all health papers/requirements readily available when you arrive.**