



Belle Meade Hound Performance Trials HUNT ENTRY FORM



Entry Fee of \$1500 entitles five members to ride, eat and participate in all social events

Trial Dates: January 23-25, 2025

Name of Hunt: _____

Participant # 1 Name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact name & number: _____

Participant # 2 Name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact name & number: _____

Participant # 3 Name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact name & number: _____

Participant # 4 Name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact name & number: _____

Participant # 5 Name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact name & number: _____

Print the release form posted on our website (bellemeadehunt.org). Mail your check, this completed entry form and one completed release form per person to Mrs. Angela Smith, Honorary Secretary, Belle Meade Hunt, P.O. Box 60, Thomson, GA 30824. Soon after, you will receive your invitation to the Performance Trial event website and your assigned hound numbers. We look forward to seeing you!