



Auditor Form – William Fox-Pitt, November 1 & 2, 2017

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1 Day pass@\$40 \_\_\_\_\_

2 Day pass @\$65 \_\_\_\_\_

Please make checks payable and mail to :

Grace Hill Farm  
33 Altamont Road  
Millbrook, NY 12545

**\*\*Please include email address – we will email your pass to you\*\***