

ENTRY FORM

BACK #_____

PERSON PAYING TAB_____

STREET ADDRESS _____

CITY/STATE/ZIP _____ PHONE # _____

EMAIL: _____

EMAIL ADDRESS									
HORSE'S NAME			REGISTRATION #		FOAL YR.		STALLION MARE GELDING		
							ROM VERIFIED _____		
OWNER'S NAME			CITY/STATE						
Exhibitor #1			AQHA #		EXP. DATE				
			DATE OF BIRTH		OWNER'S RELATIONSHIP				
Exhibitor #2			AQHA #		EXP. DATE				
			DATE OF BIRTH		OWNER'S RELATIONSHIP				
Exhibitor #3			AQHA #		EXP. DATE				
			DATE OF BIRTH		OWNER'S RELATIONSHIP				
Class #	Exhibitor #	NAME OF CLASS					DAYS SHOWING		
Show management or property owners will not assume liability for damages, injury or theft of exhibitors' horses, equipment, personnel or self. Exhibitors will assume full responsibility for any claim or suit arising from damages or injuries caused by his horses, personnel or equipment while on show premises. Only with this understanding will entries be taken.									

SIGNED

OTHER SIDE →

\$25 BILLING FEE

\$50 RETURNED CHECK CHARGE

[illegible][illegible][illegible]