

Back No.: _____ **Name of Show:** _____ **Show Date:** _____

Horse Name: _____ Registration No.: _____ Foal Date: _____

Circle one in each category:

Mare Stallion Gelding / Overo Tobiano Solid

Owner Name: _____ Membership No.: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

Amateur Exhibitor Name: _____ Membership No.: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Relation to Owner: _____

Ama class No.													
Novice Class No													

Youth Exhibitor Name: _____ Membership No.: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Relation to Owner: _____

Youth Class No.													
Novice Class No													

Open Exhibitor Name: _____ Membership No.: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Open Class No.													
Scratched Class No.													

By the act of entering this show, owners, lessee and exhibitors agree that APHA/PtHA, the sponsoring charter/clubs, the show grounds and the show committee will not be held responsible for any loss, injury, damage or debts in connection with this show.

Signature of owner or exhibitor/rider/agent

APHA/PtHA fee: _____

Office Fee: _____

Entry Fees _____

Shavings: _____

Stalls: _____

RV: _____

TOTAL: _____