

# ENTRY FORM

BACK # \_\_\_\_\_

PERSON PAYING TAB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

COGGINS INFORMATION		ACCESSION #	DATE DRAWN	LAB		
HORSES NAME		REGISTRATION #	FOAL YR.	STALLION	MARE	GELDING
				ROM VERIFIED _____		
OWNERS NAME			CITY,STATE	NSBA #	EXP. DATE	
EXHIBITOR # 1	AQHA #		EXP. DATE	NSBA #	EXP. DATE	
	DATE OF BIRTH		RELATIONSHIP TO OWNER		OPEN	NOVICE
					AMATEUR	YOUTH
EXHIBITOR # 2	AQHA #		EXP. DATE	NSBA #	EXP. DATE	
	DATE OF BIRTH		RELATIONSHIP TO OWNER		OPEN	NOVICE
					AMATEUR	YOUTH
EXHIBITOR # 3	AQHA #		EXP. DATE	NSBA #	EXP. DATE	
	DATE OF BIRTH		RELATIONSHIP TO OWNER		OPEN	NOVICE
					AMATEUR	YOUTH
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.

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SIGNED

<b>\$ 25 BILLING FEE</b>
<b>\$ 50 RETURNED CHECK FEE</b>