NYSQHA AQHA Entry Form

HORSE INFORMATION

Registration Number: _____ Horse's Name: _____ Foal Year: _____ Sex: M S G

Owner's Name: _____ Owner NSBA#: _____ Exp: _____ Holds ROM in: Open Amat Youth

Owner's Address: _____ Trainer/Stable: _____ Phone Number: (_____) _____

EXHIBITOR(S) INFORMATION

Exhibitor #1:

Name: _____

AQHA # _____ Exp. Date _____

NSBA # _____ Exp. Date _____

Address: _____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo

If Youth/Amateur, Date of Birth: / /

If Amat, use Select or All Ages for high point? _____

List Novice Skill Sets:

Exhibitor #2:

Name: _____

AQHA # _____ Exp. Date: _____

NSBA # _____ Exp. Date: _____

Address: _____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo

If Youth/Amateur, Date of Birth: / /

If Amat, use Select or All Ages for high point? _____

List Novice Skill Sets:

Class #	Class Description	TH/FR	SA/SU	Fee	Class #	Class Description	TH/FR	SA/SU	Fee

TOTALS

Office Charges: _____

Entry Fees/Flat Fee: _____

Timer/Obstacle Fees: _____

Stall: _____

Tack Stall: _____

Electrical Hookup: _____

Shavings: _____

Memberships: _____

AQHA Show Fee ($5/horse/judge): _____

TOTAL: _____

I exhibit the above horse according to AQHA rules. By signing below, I release this show from any claim to myself, stall, horse and equipment. I acknowledge voluntary participation, fully aware that horse sports involve inherent dangerous risk and assume any and all risk for injury and or loss.

Date: _____

Sign: _____