

NYSQHA AQHA Entry Form for May show



HORSE INFORMATION

Registration Number: _____ Horse's Name: _____ Foal Year: _____ Sex: M S G
 Holds ROM in: Open Amat Youth
 Owner's Name: _____ Trainer/Stable: _____ Email: _____
 Owner's Address/City/State/Zip: _____ Phone Number: () _____

EXHIBITOR(S) INFORMATION

Exhibitor #1:
 Name: _____
 AQHA # _____ Expires: _____
 Address: _____
 Relationship to horse's owner: _____
 Division(s): Open Am Yo Nov Rookie
 If Youth/Amateur, Date of Birth: / /
 If Amat, use select or all ages for hight? _____
 List Novice Skill Sets:

Exhibitor #2:
 Name: _____
 AQHA # _____ Expires: _____
 Address: _____
 Relationship to horse's owner: _____
 Division(s): Open Am Yo Nov Rookie
 If Youth/Amateur, Date of Birth: / /
 If Amat, use select or all ages for hight? _____
 List Novice Skill Sets:

Class #	Class Description	Fee

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TOTALS
 Office Charges: _____
 Entry Fees (or Flat Fee): _____
 Timer/ Obstacle Fees: _____
 Stall: _____
 Tack Stall: _____
 Electrical Hookup: _____
 Shavings (\$6/bale): _____
 Memberships: _____
 AQHA Show Fee: \$10 total
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: _____