NYSQHA AQHA Entry Form (for 3-day weekends)

HORSE INFORMATION

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

Owner's Name: _____ Trainer/Stable: _____ Holds ROM in: Open Amat Youth

Owner's Address: _____ Phone Number: ( ) _____

EXHIBITOR(S) INFORMATION

Exhibitor #1:

Name: _____

AQHA # _____ Exp. Date ____

Address: _____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo
If Youth/Amateur, Date of Birth: / /
List Novice Skill Sets:

Exhibitor #2:

Name: _____

AQHA # _____ Exp. Date: ____

Address: _____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo
If Youth/Amateur, Date of Birth: / /
List Novice Skill Sets:

Class #	Class Description	FR	SA	SU	Fee	Class #	Class Description	FR	SA	SU	Fee

TOTALS

Office Charges: _____

Entry Fees: _____

Timer Fees: _____

Stall: _____

Tack Stall: _____

Electrical Hookup: _____

Shavings: _____

Memberships: _____

Drug Testing 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: _____