NYSQHA AQHA Entry Form (Aug Weekend)

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:

Class #	Class Description	FR	SA/SU	Fee

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

TOTALS (filled in by show secretary)

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: _____