NYSQHA AQHA Entry Form

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 Nov Am Yo
If Youth/Amateur, Date of Birth: / /
List Novice Skill Sets:

Class #	Class Description	SA	SU	Fee

Exhibitor #2:

Name: _____

AQHA # _____ Expires: _____

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	SA	SU	Fee

TOTALS

Office Charges: _____

Entry Fees: _____

Timer Fees: _____

Stall: _____

Tack Stall: _____

Electrical Hookup: _____

Shavings: _____

Memberships: _____

Show/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: _____