

HORSE SHOW ENTRY APPLICATION

GC	Back #	PLEASE CHECK DAY(S) TO BE ENTERED		Saturday
ST				Sunday
HORSE NAME as Listed on AQHA Registration Papers				

ONLY ONE HORSE ON EACH ENTRY BLANK

\$5.00 AQHA FEES		SEX (S-M-G)	Year Foaled	AQHA Registration #

OPEN Class Number	AMATEUR Class Number	YOUTH Class Number	EXHIBITOR NAME(S) <i>List EXACTLY as shown on AQHA Card(s)</i>	AQHA Card Type	EXHIBITOR AQHA Card Number	AQHA Card <i>Expires</i>	Relationship of Owner to Youth or AM Exhibitor
							PROOF of ROM

(The following information will automatically add you to current mailing list, please print clearly)

I (We) hereby make application to enter the above named horse in the classes listed, subject to the Rules and Regulations of the American Quarter Horse Association, all of which I (We) have read, and agree to the provisions contained therein as a part of this entry. I (We) hereby release the Horse Show from any claim or loss to myself, employees, horses, and/or equipment. Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an Equine Professional is not liable for an injury to or the death of a Participant in Equine Activities resulting from the inherent risks of Equine Activities.

Method of Payment:

Cash _____

Check _____

Open Ck _____ (_____)
Name Open Check held under

Horse Owner: _____ <i>(Exactly as shown on AQHA Registration Papers)</i>
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City/State Zip </div>
YOUTH Date of Birth: ___/___/___ AMATEUR Date of Birth: ___/___/___
Printed Name of Agent (if any) or Signature of Parent if the Exhibitor is a Youth: _____
Print or Sign: _____
Address: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (If different than Owner) Street City/State Zip </div>

ALL Payback Checks will be made to HORSE OWNER unless AGENT info is filled out !