

ENTRY FORM

One horse per form

Tab Name _____

Back Number

Horse	Registration No.	Year Foaled	Sex: S M G
Owner <small>Exactly as it appears on AQHA registration papers</small>		Address	
E-mail Address:		Cell Number where you can be reached at the show () -	

Exhibitor 1			
Name of Exhibitor <small>Exactly as it appears on AQHA ID card</small>			
AQHA ID Number		Expiration Date / /	
Address		Phone	
City		State	Zip
Youth/Amateur DOB / /		Relation to Owner	
Class #	Class Name	Day 1	Day 2

Exhibitor 2			
Name of Exhibitor <small>Exactly as it appears on AQHA ID card</small>			
AQHA ID Number		Expiration Date / /	
Address		Phone	
City		State	Zip
Youth/Amateur DOB / /		Relation to Owner	
Class #	Class Name	Day 1	Day 2

For Office Use Only	
Entry Fees	
AQHA Fees (\$5 per judge)	
Stall	
RV	
All-Inclusive Fee	
ArQHA Membership	
AQHA Membership	
TOTAL	
Payment Type:	
Cash	
Check # _____	

I knowingly assume all risks associated with horseback riding at this show. I hereby make application to enter the above named horse in the classes named, subject to the Rules and Regulations of the American Quarter Horse Association. I understand these rules and agree to the provisions contained therein as part of this contract. I hereby release the above show and showgrounds from any claim or loss to myself, family, employees, horses, and/or equipment. I also assume full responsibility for any damage done by me or my horse at this show.



arkansasquarterhorse.com

Signature: _____ **Date:** _____

Make checks payable to ArQHA