

Is this horse Solid Paint Bred?
Yes or No

OFFICIAL ENTRY FORM

Back Number

Complete 1 form per horse

As of 1/1/2008 every exhibitor must have an APHA
Membership and show the card to the show Secretary

Show Location _____ Date of Show _____

Reg # _____ Horse Name _____ Yr Foaled _____ Sex _____

Owner _____ Full Address _____ City, ST, Zip _____
(exactly as listed on papers)

	Exhibitor 1	Exhibitor 2	Exhibitor 3	Exhibitor 4
Exhibitor Name	_____	_____	_____	_____
Exhibitor Address	_____	_____	_____	_____
APHA Memb #/Ex Date	_____	_____	_____	_____
Am/Y Exp Date	_____	_____	_____	_____
Am/Y D.O.B	_____	_____	_____	_____
Am/Y Novice Codes	_____	_____	_____	_____
Am/Y Relation to Owner	_____	_____	_____	_____

Class #	Class Name	Exhibitor	Class #	Class Name	Exhibitor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Owner/Agent/Trainer _____	Stall Y or N _____	# nites _____	12 Month Coggins; _____
Phone Number (A/C): _____	Tack Stall _____	# nites _____	Accession # _____
Fax Number (A/C): _____	RV _____	# nites _____	Date Reported _____
E-Mail Address: _____	Shavings _____	# bags _____	

DISCLAIMER: This show will not be responsible for any accident and/or injury that may occur to any rider, equipment or horse. Signing of entry form waives any claim against sponsoring organization and/or hosting facility. I hereby certify that every horse and rider is eligible to compete and am bound by the rules of APHA and the show. I hereby consent to the entry of this minor in this show and accept responsibility for their participation if applicable.

Owner/Agent _____ Date _____