APHA ENTRY FORM

BACK # _____

PERSON PAYING TAB: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE #: _____

EMAIL ADDRESS:		OWNER APHA ID	

HORSES NAME	REGISTRATION #	FOAL YR.	STALLION MARE GELDING
			ROM VERIFIED _____

OWNERS NAME	CITY,STATE	NSBA #	EXP. DATE

EXHIBITOR # 1	APHA#	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH

EXHIBITOR # 2	APHA #	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH

EXHIBITOR # 3	APHA #	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH

CLASS #	EXHIBITOR #	NAME OF CLASS	DAYS SHOWING			

Show management or property owners will not assume liability for damages, injury or theft of exhibitors' horses, equipment, personnel or self. Exhibitors will assume full responsibility for any claim or suit arising from damages or injuries caused by his horses, personnel or equipment while on show premises. Only with this understanding will entries be taken.

_____

SIGNED

$ 25 BILLING FEE
$ 50 RETURNED CHECK FEE