

Stall(s) _____ **Tack** _____**NAME OF HORSE** _____ **Reg. #** _____**Yr Foaled** _____ **Circle one** **STALLION** **MARE** **GELDING****OWNER** _____ **APHA #** _____ **Exp.Date** _____**NSBA#** _____ **Exp.Date** _____**Full ADDRESS** _____ **City** _____ **State** _____ **Zip** _____**Tel#** _____**Responsible Party (Person Paying Bill)** _____**EXHIBITOR 1**

Name _____ APHA NO. _____ Exp. _____ Exp _____

Address _____ City _____ State _____ Zip _____

Type of APHA Membership-circle one: Amat. Nov. Amat. Amat Walk/Trot Open Youth Nov. Youth
Youth birthdate _____Relationship to owner _____ **NSBA #** _____ **Exp Date** _____**EXHIBITOR 2**

Name _____ APHA No. _____ Exp. _____ Exp _____

Address _____ City _____ State _____ Zip _____

Type of APHA Membership-circle one: Amat. Nov. Amat. Amat Walk/trot Open Youth Nov Youth
Youth Birthdate _____Relationship to owner _____ **NSBA #** _____ **Exp. Date** _____**EXHIBITOR 3**

Name _____ APHA No _____ Exp. _____ Exp _____

Address _____ City _____ State _____ Zip _____

Type of APHA Membership-circle one: Amat. Nov. Ama. Amat Walk/trot Open Youth Nov Youth
Youth Birthday _____Relationship to owner _____ **NSBA #** _____ **Exp. Date** _____

Pursuant to the Virginia Equine Activity Liability Act (Virginia Code Section 3.2- 6200 et. Seq.), an equine activity Sponsor shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine Activities. Presentation of a signed entry form shall be deemed acceptance of the rules pertaining to this show And acknowledgement of the waiver of liability.

Signed _____ Date _____

