

VCCF APHA Show



Is this horse Solid Paint Bred?
Yes or No

Back #

Date: _____

NAME OF HORSE: _____

Registration # _____ Year Foaled: _____ (Circle One) **STALLION** **MARE** **GELDING**

Owner Name: _____ Owner APHA # _____ Street Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Email: _____

Use a second form if more than three exhibitors on the same horse and/or more than 15 classes for one exhibitor

EXHIBITOR #1

Name: _____
City/State: _____
APHA # _____ Exp: _____
DOB: ___/___/___

Type Membership: (Circle One):

Open	Am.	Nov. Am.	Am. W/T
Youth	Nov. Youth	Youth W/T	

Relationship: _____

EXHIBITOR #2

Name: _____
City/State: _____
APHA # _____ Exp: _____
DOB: ___/___/___

Type Membership: (Circle One):

Open	Am.	Nov. Am.	Am. W/T
Youth	Nov. Youth	W/T	

Relationship: _____

EXHIBITOR #3

Name: _____
City/State: _____
APHA # _____ Exp: _____
DOB: ___/___/___

Type Membership: (Circle One):

Open	Am.	Nov. Am.	Am. W/T
Youth	Nov. Youth	W/T	

Relationship: _____

Class #	Class Name:

Class #	Class Name:

Class #	Class Name:

In accepting my entry, I hereby release the sponsor, their officers, members and co-sponsors at this show from any claim or right of damages, which may occur to me or my horse. I also assume and accept full responsibility for any damages done by me or my horse at this show.
 Owner/Exhibitor Signature (required): _____
 Office Use: Coggins: _____ Rabies: _____ Reg. Papers _____ APHA Cards _____

Fees will be calculated by show entry software and reviewed with payee prior to payment. See class list with fee schedule for complete list of class, blanket, and miscellaneous fees.