

ESQHA 2019 THE "SIZZLER"

HORSE/EXHIBITOR # _____

Owner's Name:	Horse's Registration #:
Street Address:	Horse's Name:
City, State & Zip:	Year Foaled: Sex: M S G
Telephone #: ()	Holds ROM In: Open Amateur Youth
Owner's AQHA ID #: _____	Expiration Date: _____

Exhibitor(s) Information:

Exhibitor #1:					Exhibitor #2:					Totals:	
Name:					Name:					Office Charges:	
Address:					Address:					Entry Fees:	
Telephone #:					Telephone #:					Stall Fee:	
AQHA ID #:			Exp. Date:		AQHA ID #:			Exp. Date:		AQHA Drug Fee:	
Division(s): Open Novice Amateur Youth Smallfry					Division(s): Open Novice Amateur Youth Smallfry					Trail/Fence Fee:	
Youth/Amateur Date Of Birth:					Youth/Amateur Date Of Birth:					Camper:	
Class #	Class Description	Fri	Sat/Sun	Fee	Class #	Class Description	Fri	Sat/Sun	Fee	Shavings:	
										Memberships:	
										Other:	
										Balance From Back Side:	
										Check #: _____ / Cash / CC	

Please note the following:
 * You must show current AQHA membership card as applicable or purchase a new one at the show.
 * \$30.00 fee added on bounced checks. Accounts not paid will be reported to AQHA as applicable.
 * All accounts must be settled in full by the end of the show on Sunday, July 28, 2019.
 * I release ESQHA from any claim to myself, stall, horse and equipment. I acknowledge voluntary participation, fully aware that horse sports involve inherent dangerous risk and assume any and all risk for injury and or loss.

Signed: _____ Date: _____

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HORSE/EXHIBITOR # _____

Exhibitor #3:	Exhibitor #4:	Balance Forwarded:
Name:	Name:	
Address:	Address:	
Telephone #:	Telephone #:	
AQHA ID #: Exp. Date:	AQHA ID #: Exp. Date:	
Division(s): Open Novice Amateur Youth Smallfry	Division(s): Open Novice Amateur Youth Smallfry	
Youth/Amateur Date Of Birth:	Youth/Amateur Date Of Birth:	

Class #	Class Description	Fri	Sat/Sun	Fee	Class #	Class Description	Fri	Sat/Sun	Fee

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Signed: _____ Date: _____