ESQHA "Spring Into Summer" AQHA Entry Form

HORSE INFORMATION
Registration Number: __________________________ Horse's Name: __________________________ Foal Year: _______ Sex: M S G
Owner's Name: __________________________________________________________ Holds ROM in: Open Amat Youth
Trainer/Stable: ___________________________________________________________ Electric Hookup Arrival Date: __________ Leave Date: __________
Person/Entity Responsible for Payment: __________________________ Phone Number: (_____) __________________________
Full address of responsible person: __________________________________________ Email: __________________________

EXHIBITOR(S) INFORMATION
Exhibitor #1: Exhibitor #2: TOTALS (filled out by showsecretary)
Name: __________________________ Name: __________________________ Office Charges: __________________________
AQHA #: __________________________ Exp. Date: __________________________ AQHA #: __________________________ Exp. Date: __________________________ Entry Fees/Flat Fee: __________________________
Address: __________________________ Address: __________________________ Trail/Fence Fees: __________________________
Relationship to horse's owner: __________________________ Relationship to horse's owner: __________________________ Stall/Grounds Fees: __________________________
Division(s): Open Nov Am Yo SmallFry Division(s): Open Nov Am Yo SmallFry Electrical Hookup: __________________________
Youth/Amateur, Date of Birth: / / Youth/Amateur, Date of Birth: / / Shavings: __________________________
Memberships: __________________________

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TOTAL:
Payment. Type: _______ Amt: _____

I exhibit the above horse according to AQHA rules. By signing below, 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.

Sign: __________________________
Date: __________________________