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:

Name: _____

AQHA #:_____ Exp. Date _____

Address:_____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo SmallFry

Youth/Amateur, Date of Birth: / /

Exhibitor #2:

Name: _____

AQHA #:_____ Exp. Date: _____

Address:_____

Relationship to horse's owner: _____

Division(s): Open Nov Am Yo SmallFry

Youth/Amateur, Date of Birth: / /

Class #	Class Description	TH/FR	SA/SU	Fee	Class #	Class Description	TH/FR	SA/SU	Fee
Sign:									
Date:									

TOTALS (filled out by show secretary)

Office Charges:

Entry Fees/Flat Fee:

Trail/Fence Fees:

Stall/Grounds Fees:

Tack Stall:

Electrical Hookup:

Shavings:

Memberships:

AQHA Drug Fee:

Other:

TOTAL:

Payment. Type:_____ Amt:_____

Payment. Type:_____ Amt:_____

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.

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