Zone 7 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:___/____/_____ Age as of 1/1/18 _____

Type Membership: (Circle One):

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

Relationship: _____

Class #	Class Name:

EXHIBITOR #2

Name: _____

City/State:_____

APHA # _____ Exp:_____

DOB:___/____/_____ Age as of 1/1/18 _____

Type Membership: (Circle One):

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

Relationship: _____

Class #	Class Name:

EXHIBITOR #3

Name: _____

City/State:_____

APHA # _____ Exp:_____

DOB:___/____/_____ Age as of 1/1/18 _____

Type Membership: (Circle One):

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

Relationship: _____

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.