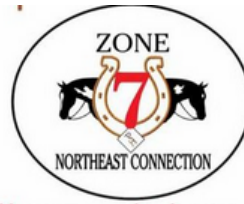


Is this horse Solid Paint Bred?

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

If you are a Master Amateur Rider you will need to choose and circle which Hi Point you are riding in - Amateur Or Master Amateur - please circle one

EXHIBITOR #1
Name:
City/State:
APHA # Exp:
DOB: Age as of 1/1/21
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: Age as of 1/1/21
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: Age as of 1/1/21
Type Membership: (Circle One):
Open Am. Nov. Am. Am. W/T
Youth Nov. Youth W/T
Relationship:

Table with 2 columns: Class #, Class Name. Multiple empty rows.

Table with 2 columns: Class #, Class Name. Multiple empty rows.

Table with 2 columns: Class #, Class Name. Multiple empty rows.

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.