

Is this horse Solid Paint Bred?
 YES or NO

OFFICIAL ENTRY FORM

Back Number

Complete 1 form per horse

As if 1/1/2008 every exhibitor and owner must have an APHA Membership and show the card to the show Secretary

 Reg # _____ Horse Name _____ Yr Foaled _____ Sex: S M G

Owner _____ Full Address _____ City, ST, Zip _____
 (exactly as listed on papers)

	<u>Exhibitor 1</u>	<u>Exhibitor 2</u>	<u>Exhibitor 3</u>	<u>OWNER</u>
Exhibitor Name	_____	_____	_____	_____
Exhibitor Address	_____	_____	_____	_____
APHA Membership #	_____	_____	_____	_____
AM / Youth EXP. Date	_____	_____	_____	_____
AM / YOUTH D.O.B.	_____	_____	_____	_____
AM / Y. Nov. Categories	_____	_____	_____	_____
Am / Y. Relation to Owner	_____	_____	_____	_____

<u>Class #</u>	<u>Class Name</u>	<u>Exhibitor</u>	<u>Class #</u>	<u>Class Name</u>	<u>Exhibitor</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Owner/Agent/Trainer: _____	Stall: # nites _____	Tack: # nites _____	12 Month Coggins
Phone Number: _____	RV: # nites _____	Shavings: _____	Accession # _____
E-Mail Address: _____	REMARKS: _____		Date Reported _____

Disclaimer: This show will not be responsible for any accident or/or injury that may occur to any rider, equipment or horse. Signing of entry form waives any claim against sponsoring organization and/or hosting facility. I hereby certify that every horse and rider is eligible to complete and am bound by the rules of APHA and the show. I hereby consent to the entry of this minor in this show and accept responsibility for their participation if applicable.
 Any pictures taken at the show are subject for use in advertising for CTPHC

Owner/Agent/Legal Guardian _____ Location _____ Date _____

Pre-Registration: Email: tracyjkingtx@gmail.com along with clear, legible copy of APHA Membership Card, Registration Papers and Coggins.