REGION 5 CHAMPIONSHIP SHOW
ENTRY FORM JUNE 21, 2017

BACK #_____

PERSON PAYING TAB_____

ADRESS_____

EMAIL_____ PHONE #_____

COGGINS INFORMATION	**ACCESSION #**	**DATE DRAWN**	**LAB**
HORSE'S NAME	REGISTRATIION #	FOAL YR.	STALLION MARE GELDING
			ROM VERIFIED _____
OWNER'S NAME	CITY/STATE		
Exhibitor #1	AQHA #	EXP. DATE	
	DATE OF BIRTH	OWNER'S RELATIONSHIP	
Exhibitor #2	AQHA #	EXP. DATE	
	DATE OF BIRTH	OWNER'S RELATIONSHIP	
Exhibitor #3	AQHA #	EXP. DATE	
	DATE OF BIRTH	OWNER'S RELATIONSHIP	

Class #	**Exhibitor #**	**NAME OF CLASS**	

Show management or property owners will not assume liability for damages, injury or theft of exhibitors' horses, equipment, personnel or self. Exhibitors will assume full responsibility for any claim or suit arising from damages or injuries caused by his horses, personnel or equipment while on show premises. Only with this understanding will entries be taken.

SIGNATURE X

SUBMIT ENTRY FORM WITH CHECK PAYABLE TO NJQHYA

MAIL TO: LINDA CERESANI @ 42 BIRCHWOOD DRIVE, TUCKERTON NJ, 08087

CHECKS WILL BE HELD UNTIL JUNE 7TH; FULL REFUND IF CANCELLED BEFORE THEN

QUESTIONS? 609-412-8200 ATTACH ANOTHER SHEET FOR ADDITIONAL ENTRIES →

SUBMIT A COPY OF THE HORSE'S AQHA PAPERS, PROOF OF NOVICE ELIGIBILITY & EXHIBITOR AQHA MEMBERSHIP CARD WITH THIS ENTRY