

ESQHYA "The Heat Is On!" AQHA/NSBA Entry Form

(note: a separate form should be used for Roan classes)



HORSE INFORMATION

Registration Number: _____ Horse's Name: _____ Foal Year: _____ Sex: _____ M S G
 Owner's Name: _____ Owner NSBA#: _____ Exp: _____ 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: _____
 NSBA #: _____ Exp. Date: _____
 Address: _____
 Relationship to horse's owner: _____
 Division(s): Open Nov Am Yo WT
 Youth/Amateur, Date of Birth: / /

Exhibitor #2:
 Name: _____
 AQHA #: _____ Exp. Date: _____
 NSBA #: _____ Exp. Date: _____
 Address: _____
 Relationship to horse's owner: _____
 Division(s): Open Nov Am Yo WT
 Youth/Amateur, Date of Birth: / /

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: _____

Class #	Class Description	TH/FR	SA/SU	Fee	Class #	Class Description	TH/FR	SA/SU	Fee

TOTAL:
 Payment. Type: _____ Amt: _____
 Payment. Type: _____ Amt: _____
 I exhibit the above horse according to AQHA rules. By signing below, I release ESQHYA 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.
 Sign: _____
 Date: _____