ESQHYA ROAN Horse Entry Form

HORSE INFORMATION -- from ARHA (American Roan Horse Association) Papers

Registration Number: _____ Horse's Name: _____ Foal Year: _____ Sex: M S G

Owner's ID#: _____ Owner's Name: _____

Trainer/Stable: _____

Person/Entity Responsible for Payment: _____ Phone Number ( ) _____

Full address of responsible person: _____ Email: _____

EXHIBITOR(S) INFORMATION

Exhibitor #1:

Name: _____

ARHA # _____ Exp. Date _____

Address: _____

Division(s): Open Nov Am Yo

Class #	Class Description	Fee

Exhibitor #2:

Name: _____

ARHA # _____ Exp. Date: _____

Address: _____

Division(s): Open Nov Am Yo

Class #	Class Description	Fee

TOTALS (filled out by show secretary)

Office Charges: _____

Entry Fees: _____

Trail Fees: _____

Stall/Grounds Fees: _____

Tack Stall: _____

Electrical Hookup: _____

Shavings: _____

Memberships: _____

Other: _____

TOTAL: _____

Payment. Type: _____ Amt: _____

Payment. Type: _____ Amt: _____

I exhibit the above horse according to ARHA 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: _____