

**October 16, 2021 Arkansas ApHC (AApHC) Horse Show - Hestand Stadium,
Pine Bluff, AR - Judge: Trisha Armstrong - Showtime-9AM**

Back # _____

Horses Name _____ **Responsible Party** _____
Gender: M S G **Year Born:** _____ **PtHA Reg #** _____
APHA Reg# _____ **ApHC Reg#** _____

Classification (circle):

Horse Pony Mini Utility
Donkey Mule

Pattern (circle):
Overo Tobiano Solid

Type (circle):

Stock Hunt Pleasure
Saddle Gypsy Drum

Stalls: _____

Stalled with: _____

Owner/Leasor: _____ **Owner/Leasee:** _____
ID# _____ **Exp. Date** / / **ID #** _____ **Exp. Date** / /

Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

CARD NUMBERS

Youth

PtHA# _____

APHA# _____

ApHC# _____

Exp. Date(s): _____

YOUTH Information: -- EXACTLY as it is printed on your card

Exhibitor's Name: _____ **Birthday:** / /

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Exhibitor's relationship to owner: _____ **Walk/Trot: Yes No**
Novice: Yes No

Class#: \

NON PRO/AMATEUR Information: -- EXACTLY as it is printed on your card

Non Pro/Amateur Card#

Exhibitor's Name: _____ **Birthday:** / /

PtHA# _____

Address: _____

APHA # _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

ApHC# _____

Exhibitor's relationship to owner: _____ **Walk/Trot : Yes No**
Novice: Yes No

Exp. Date(s): _____

_____/_____/____Amt/NA/WT

Class#: \

OPEN Information: -- EXACTLY as it is printed on your card

PtHA# _____

Exhibitor's Name: _____

APHA# _____

Address: _____

ApHC# _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Exp. Date: _____

Class#: \

DISCLAIMER: On behalf of the management of the show listed above, I and the above-listed owners and exhibitors agree to cooperate fully with the ApHC, Inc., Arkansas ApHC, Inc.(AApHC), and PtHA, Inc., representatives in conducting a drug test at this show and hereby agree to release and hold harmless the AApHC, ApHC, Inc., PtHA, Inc., and CrossRoads Cowboy Church Arena management and any other person or persons in any way connected with this horse show from any loss, damages, injuries or death resulting from participation in this horse show. I (we) do hereby agree to abide by all rules, regulations and By-laws of the AApHC. If exhibitor is under the age of 21 years, parent or guardian must sign.

Signature _____

Office Charges: \$10 ApHC only, \$10 PtHA only, \$20 ApHC & PtHA, \$ 5 Open Breed
Stalls/nightly: \$30 shavings/\$5 extra
Gate Fee: \$5
Camper Hookup: \$25
AR ApHC Membership
National ApHC or PtHA Membership (separate Check)
Open Breed Classes: \$5
ApHC/PtHA Open/NP/Amt Classes: \$12/class
Combined ApHC/PtHA: Open/NP/Amt \$20/class
ApHC/PtHA Youth Classes: \$6/class
Combined Youth ApHC/PtHA: \$10/class
Singal Pay & Play: \$125 + judges' fees+crossover
Double Pay & Play: \$200 + judges' fees+crossover
ApHC Open Judges' Fees (\$2/class)
ApHC Youth/NP Judges' Fees (\$1/class)
PtHC Judges' Fees (\$5/horse + \$1/class)

TOTAL

PAY & PLAY ENTRY (DECLARE FOR HORSE OR RIDER AT TIME OF ENTRY) \$25 DIVISION CROSSOVER FEE.

Received By _____ Check/cash _____ Date _____ Amount pd _____