

MVApHC – HORSE SHOW ENTRY FORM

(Complete one sheet per horse – 3 exhibitors per form)

OF STALLS USED AT SHOW: _____

TOTAL CATTLE RUNS: _____

Additional Bags of SHAVINGS: _____

Coggins _____

Registration _____

Payment Left with
Office Staff _____

FEES PAID BY: _____

OWNERS Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ ApHC #: _____

HORSE INFO: Name of Horse: _____

Registration #: _____ Year Foaled: _____ Sex (circle one): Stallion Mare Gelding

EXHIBITOR # 1 INFO:

Circle One Category:

Name: _____ DOB: _____ OPEN NON-PRO YOUTH

Address: _____ City: _____

State: _____ Zip: _____ ApHC #: _____ Novice? _____

BACK #: _____ Relationship to Owner of Horse: _____

Classes Entered: _____

EXHIBITOR # 2 INFO:

Circle One Category:

Name: _____ DOB: _____ OPEN NON-PRO YOUTH

Address: _____ City: _____

State: _____ Zip: _____ ApHC #: _____ Novice? _____

BACK #: _____ Relationship to Owner of Horse: _____

Classes Entered: _____

EXHIBITOR # 3 INFO:

Circle One Category:

Name: _____ DOB: _____ OPEN NON-PRO YOUTH

Address: _____ City: _____

State: _____ Zip: _____ ApHC #: _____ Novice? _____

BACK #: _____ Relationship to Owner of Horse: _____

Classes Entered: _____

I acknowledge horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses, and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify, and hold harmless any agents or employees of the above against all claims, demands and causes of action, including court costs binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand its contents.

SIGNATURE: _____ DATE: _____