

NMQHA ENTRY FORM

Cash

Office Use Only

Check

Number

Fill one out for each horse-Duplicate as needed

\$ _____

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Horse's AQHA Reg. #		Horses Name						Year Foaled			SEX: (circle one) S M G			
Owner's AQHA #		Card Expires		Owner's Name				Owner's Address				Owner's Phone		
AQHA #		Card Expires		Exhibitor's Name				Status: Circle If Applicable AMATEUR YOUTH				DOB/Youth		
DAY 1								Relationship to Owner _____						
DAY 2														
DAY 3														
AQHA #		Card Expires		Exhibitor's Name				Status: Circle If Applicable AMATEUR YOUTH				DOB/Youth		
DAY 1								Relationship to Owner: _____						
DAY 2														
DAY 3														
AQHA #		Card Expires		Exhibitor's Name				Status: Circle If Applicable AMATEUR YOUTH				DOB/Youth		
DAY 1								Relationship to Owner _____						
DAY 2														
DAY 3														

In accepting my entry, I hereby release NMQHA, its sponsors, Officers, members, employees, and volunteers at this show from Any claim or right for damages which occur to me or my horse. I assume full responsibility for any damages done by me or my Horse at this show. I hereby agree to pay all charges incurred By my horse at this Circuit.

ENTRY FEES _____ OFFICE FEE _____
 STALLS _____ TACK ROOM _____
 AQHA DRUG FEE \$3.00 _____ OTHER _____

TOTAL _____

Date _____ Authorized Signature of Owner/Agent _____