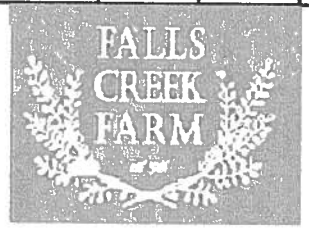
OWNERS NAME		HORSES NAME	
ADDRESS			
CITY	STATE ZIP	REG #	
PHONE		YR FOALED	M G S
EXHIBITORS NAME		NOTE:	
EXHIB AQHA#	EXP. DATE		
YTH/AM AGE	DATE OF BIRTH		
RELATIONSHIP TO OWNER		E-MAIL:	

CLASS #	CLASS DESCRIPTION	EXHIBITORS NAME	FRI	SAT	SUN		OFFICE USE ONLY

I HEREBY MAKE APPLICATION TO ENTER THE ABOVE NAMED HORSE IN THE CLASSES NAMED, SUBJECT TO THE RULES AND REGULATIONS OF AQHA, ALL OF WHICH I (WE) HAVE READ, AND AGREE TO THE PROVISIONS CONTAINED THEREIN AS A PARTY OF THIS CONTRACT. I (WE) RELEASE THE ABOVE SHOW FROM ANY CLAIM OF LOSS TO MYSELF, EMPLOYEES, HORSES AND/OR EQUIPTMENT.

RESPONSIBLE PERSON

DATE



PO BOX 210
368 BAILEY ROAD
ONECO, CT 06373
860-564-5554

ENTRIES
STALLS
T/F FEE
SHAVINGS
CAMPER
DRUG
OFFICE

TOTAL

SHOW CONTACT: ELLIE KEENE 401-527-9132 CELL / 401-231-1241 HOME