NOTE: <u>Pre-Entry</u> Deadline August 22,	2018 - \$25 charge per horse @	show if not entered by deadline		
Horses's Registered Name:		Sex: S M G Yearl Foaled:		
Registration Number: AQHA:	ration Number: AQHA: PHBA:		NSBA:	
Owner:		City:	State:	
Register of Merit(s) Earned: Open	Amateur Youth			
Exhibitor #1 Open Amateur Youth	DOB:	Exhibitor #2 Open Amateur You	ith DOB:	
Name:	Relation to Owner:	Name:	Relation to Owner:	
AQHA/PHBA/NSBA ID Number:	Exp Date:	AQHA/PHBA/NSBA ID Number:	Exp Date:	
Address:	Phone:	Address:	Phone:	
City:	State: Zip:	City:	State: Zip:	
r which may hereafter develop or accrue in favor of myself, my h r inanimate, belonging to me or used by me, because of any mat ntered according to the guidelines set forth in the AQHA, PHBA a	eirs, representatives, or dependents on account ter, thing or condition, negligence or default, or a and NSBA Rule Book.	representatives, of and from all claims, demands, actions or cause of action of or by reason of any injury, loss or damage, which may be suffered by many person whatsoever. By my signature below I hereby acknowledge that and the AQHA/PHBA/NSBA Rule Book for this class/classes and division.	ne or them or any of them or any other property, animate it I meed the criteria for eligibility to compete in the classes	
ally understand the foregoing terms.	, and conditions of the nelease of marker of Elasti	lity. I warrant that I am of legal age, or am the parent or legal guardian of	and participate named above, and and a nave read and	