SUMMER CELEBRATION 4 DAY CIRCUIT - AUGUST 18 - 21, 2011

NAME OF HORSE: _____ S M G
SEX

HORSE's AQHA REGISTRATION #: _____

OWNER NAME: _____ YR FLD: _____

ADDRESS: _____

OPEN EXHIBITOR _____ ADDRESS _____

AQHA# _____ EXP DATE _____

YOUTH EXHIBITOR _____ BIRTHDATE _____ RELATIONSHIP TO OWNER _____

AQHA# _____ EXP DATE _____

AMATUER EXHIBITOR _____ BIRTHDATE _____ RELATIONSHIP TO OWNER _____

AQHA# _____ EXP DATE _____

Thursday / Friday

CLASS#	CLASS NAME	FEES
	Drug Fee	
	AQHA Proc. Fee	
	Office Fee	
	Sub-total	
	Total	

I, the undersigned, agree to abide by the rules and regulations of the AQHA and the show presently entered, and assume full responsibility for my horse, property and person.

SIGNED: _____

Saturday / Sunday

CLASS#	CLASS NAME	FEES
	Drug Fee	
	AQHA Proc. Fee	
	Office Fee	
	Sub-total	
	Thur / Fri. Total	
	Total	