



# AUSTRALIAN QUARTER HORSE ASSOCIATION

PO BOX 979 TAMWORTH 2340 • Telephone: 02 6762 6444

## APPROVED SHOW ENTRY FORMS

SHOW NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ JUDGE'S NAME: \_\_\_\_\_

EVENT #	HORSE'S NAME IN FULL	HORSE REGO #	OWNER'S NAME	MEMBER #	YOUTH, A/O NAME	YOUTH, A/O #	ENTRY FEE

I hereby apply to enter the above on this entry form in the event numbers indicated. I have read the rules and conditions and make this application and agree to abide by them at all times. I hereby release the said Association from any claim or loss to myself, employee, horse and equipment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

If youth entry please also complete the following:

I hereby permit \_\_\_\_\_ to compete in the above show.

Signature of Parent or Guardian \_\_\_\_\_

(All entrants) Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.