

2009 REGION 6 EXPERIENCE ENTRY FORM

July 8,9,10,11, 2009

OFFICE USE ONLY

PLEASE PRINT CLEARLY. A copy of all Exhibitor AQHA membership cards & horse's AQHA registration papers required with entry.

NEW EXHIBITOR: is defined as someone who has NEVER shown in that class at an AQHA show.

BACK #

HORSE

Name of Horse

AQHA Registration #

YEAR FOALED

MAIRE

SELDING

STALLION

DOB

DAM

OWNER:

This horse is leased. * Provide a copy of lease authorization form

ADDRESS:

STREET

TOWN / CITY

STATE

ZIP CODE

E-MAIL ADDRESS:

HOME PHONE

CELL PHONE

TRAINER / BARN: PLEASE STALL ME WITH...

POST ENTRY FEES: AQHA CLASSES \$45

LEADLINE FREE

| NOV 1A | NOV 1M | CLASSES for EXHIBITOR 1 | NAME of EXHIBITOR 1 | AQHA # | BIRTHDATE | Relationship to Owner | New Exhibitor? | FEES |
|--------|--------|-------------------------|---------------------|--------|-----------|-----------------------|----------------|------|
| AM | SEL | OPEN | | | | | | |
| NOV 1A | NOV 1M | CLASSES for EXHIBITOR 2 | NAME of EXHIBITOR 2 | AQHA # | BIRTHDATE | Relationship to Owner | New Exhibitor? | FEES |
| AM | SEL | OPEN | | | | | | |
| NOV 1A | NOV 1M | CLASSES for EXHIBITOR 3 | NAME of EXHIBITOR 3 | AQHA # | BIRTHDATE | Relationship to Owner | New Exhibitor? | FEES |
| AM | SEL | OPEN | | | | | | |

MAIL COMPLETED FORM & FEES TO:

after 6/15/09
LEADLINE _____ FREE FREE
WALK TROT _____ \$25.00 \$35.00
NOVICE _____ \$35.00 \$45.00
AMATEUR & OPEN _____ \$35.00 \$45.00
per class, 3 judges

Alice Andrews
1239 Butternut Road
Unadilla, NY 13848
607-369-4800
bgcandrews@yahoo.com

TOTAL ENTRY FEES

OFFICE FEE \$20

\$20.00

DRUG TESTING FEES \$3

COURSE/Warm Up-1 time fee \$15

STALL for CIRCUIT \$100

CAMPER HOOK UP **PAYABLE AT THE GATE**

TACK STALL for CIRCUIT \$100

PAYABLE TO READHA / RE

TOTAL

SIGNATURE of RESPONSIBLE PARTY:

DATE:

In consideration of the acceptance of this entry; I hereby enter this horse at my own risk and I am subject to the rules and regulations of this show. I understand the rules in the premium list regarding refunds shall apply. I hereby release the Region 6 Directors, Officers and employees from any claim of loss to myself, employees, and/or equipment.

* REFUNDS [full or partial] MAY BE APPROVED prior to August 31,2009 with signed veterinary or doctor's letter explaining injury & reason for non participation.