

Broken Arrow Appaloosa Association Show Entry Form

Blank forms must be completed for points to count at show. One horse per sheet and 1-3 exhibitors. Please include total number of horses, tack stall, shavings and RV hookups if needed.

Date of show: _____

Person to be billed: _____ Back # _____

Horse's Name _____ Reg. # _____

Sex: _____ Year Foaled _____ Stalled _____ Number of Shavings _____

Owner's Name _____ ApHC# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Electrical Hook-Ups Number of days; _____ Cattle Fees _____ Tack Stall _____

Exhibitor Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Please check all that apply: _____ Non-Pro _____ Youth _____ Novice/ApHC# _____

Relationship to Owner of Horse: _____ Email: _____

Classes Shown In: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Exhibitor Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Please check all that apply: _____ Non-Pro _____ Youth _____ Novice/ApHC# _____

Relationship to Owner of Horse: _____ Email: _____

Classes Shown In: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Exhibitor Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Please check all that apply: _____ Non-Pro _____ Youth _____ Novice/ApHC# _____

Relationship to Owner of Horse: _____ Email: _____

Classes Shown In: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Signature: _____ Date: _____

I acknowledge horseback riding is a sport that carried inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. I will hold harmless any agents or employees of the above association against all claims, demands and causes of action, including court costs and actual attorney's fees arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand it's contents.