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|-------------|
| Back Number |
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A SHOW ENTRY FORM

**Open \$10 / Youth \$5 / All other \$8
ONE HORSE PER ENTRY FORM**

| | |
|----------------------|----|
| Current CCQHA Member | |
| Yes | No |
| | |

Horses Name _____ Breed _____ Registration No. _____

Owners Name _____ Owners Breed Society Membership No. _____ Date _____

| Class Number | Class Name | Exhibitors Name | Membership No. | Entry Fee |
|--------------|------------|-----------------|----------------|-----------|
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|--|--|---|--|--------------------|----------|--|--|--|--|--|--|
| <p>I hereby apply to enter the above horse on this entry form. I have read the rules and agree to abide by them.</p> <p>I hereby release the Central Coast Quarter Horse Association from any claim or loss to myself, employees, horse & equipment. Amateurs must present their Amateur Card or copy of the day. Unregistered horse can only compete in beginner classes. By completing this form you are agreeing to the terms and conditions of AQHA & CCQHA.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Stable \$15 / day + \$5 Tack Room / day</td> <td> </td> </tr> <tr> <td>Office / Admin Fee</td> <td style="text-align: right;">\$ 10.00</td> </tr> <tr> <td>Day Membership (not payable if AQHA member) \$20</td> <td> </td> </tr> <tr> <td>Refundable Back number fee for Day Members \$5</td> <td> </td> </tr> <tr> <td>Late Fee \$10 per horse (entry on the day)</td> <td> </td> </tr> </table> | Stable \$15 / day + \$5 Tack Room / day | | Office / Admin Fee | \$ 10.00 | Day Membership (not payable if AQHA member) \$20 | | Refundable Back number fee for Day Members \$5 | | Late Fee \$10 per horse (entry on the day) | |
| Stable \$15 / day + \$5 Tack Room / day | | | | | | | | | | | |
| Office / Admin Fee | \$ 10.00 | | | | | | | | | | |
| Day Membership (not payable if AQHA member) \$20 | | | | | | | | | | | |
| Refundable Back number fee for Day Members \$5 | | | | | | | | | | | |
| Late Fee \$10 per horse (entry on the day) | | | | | | | | | | | |

Name _____ Phone _____ Address _____

All Youth competing in an AQHA approved event, must have written permission from a Parent/Guardian who must be at the event for the duration of the event whilst the Youth is competing.

If Youth entry, please complete the following, I hereby permit _____ Signed _____ Total \$ _____
 (Insert Youth Name) _____ Date _____