# KEYSTONE NOVICE SHOW
# ENTRY FORM

**BACK #**_____

PERSON PAYING TAB_____

STREET ADDRESS_____

CITY/STATE/ZIP_____ PHONE #_____

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|---|---|---|---|
| **EMAIL ADDRESS** | | | |
| HORSE'S NAME | REGISTRATIION # | FOAL YR. | STALLION MARE GELDING |
| | | | ROM VERIFIED _____ |
| OWNER'S NAME | CITY/STATE | | |
| Exhibitor #1 | AQHA # | EXP. DATE | |
| | DATE OF BIRTH | OWNER'S RELATIONSHIP | |
| Exhibitor #2 | AQHA # | EXP. DATE | |
| | DATE OF BIRTH | OWNER'S RELATIONSHIP | |
| Exhibitor #3 | AQHA # | EXP. DATE | |
| | DATE OF BIRTH | OWNER'S RELATIONSHIP | |

| Class # | Exhibitor # | NAME OF CLASS | DAYS SHOWING | |
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Show management or property owners will not assume liability for damages, injury or theft of exhibitors' horses, equipment, personnel or self. Exhibitors will assume full responsibility for any claim or suit arising from damages or injuries caused by his horses, personnel or equipment while on show premises. Only with this understanding will entries be taken.

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SIGNED

**OTHER SIDE →**

| |
|---|
| **$25 BILLING FEE** |
| **$50 RETURNED CHECK CHARGE** |

| Class # | Exhibitor # | NAME OF CLASS | DAYS SHOWING | |
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