ENTRY FORM
SPRING BREAK-CLARCONA
March 3-4, 2018

PERSON RESPONSIBLE FOR ACCOUNT_________________________E-MAIL________________________CELL PHONE______________________

Horse Name____ Reg #____

Yr Foaled__________________Sex____________________Owner____ ___

Mailing Address___________________________________ City_______________________________ St______ _ Zip___________________

IF YOUTH OR AMATEUR RIDER, GIVE RELATIONSHIP OF OWNER TO RIDER:____________________________permit or leased: yes______no.________
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AQHA Am Name____B'date____________AQHA#_____________________exp ________________ __

Classes for Amateur Exhibitor (numbers only)

AQHA Yt name____B'date____________AQHA#_____________________exp______________ ____ ___________

Classes for Youth Exhibitor (numbers only)

Open rider name____AQHA #______ exp ________

Classes for Open Exhibitor (numbers only)

Americn Qurter Horse Assoc. (AQHA) Florida Quarter Horse Associaton, (FQHA) Edmondson Management, (EdMgt) South Florida Horse Shows,(SFHS) ORANGE COUNTY Board of CountyCommissioners, (OCBCC) its owners, its employees, its agents, and its guests will not be held responsible for accidents or loss which may occur to an exhibitor, spectator, guest, rider, groom, other employee, animal, or equipment at the competition; nor will they be responsible for any article of any kind or nature that may be lost, destroyed, or stolen, whether or not such loss, damage, or injury is the result of EdMgt ,AQHA, FQHA,SFHS or OCBCC, All exhibitors, spectators, guests, riders, grooms, or other employees are subject to the rules and regulations of EdMgt, AQHA, FQHA & OCBCC..

Signature:

Office Use Only:____Ck attached:______________________________Payer:______________________________________initial___________________
ENTRY FORM MUST BE ACCOMPANIED BY COPY OF REGISTRATION PAPERS AND MEMBERSHIP CARD FOR ALL EXHIBITORS AND HORSES TO BE CONSIDERED ENTERED INTO SHOW AND QUALIFIED.