ENTRY FORM
2025 FQHA SPRING BLAST SHOWS
Clarcona Horse Park, Apopka, FL -

Person Responsible for account (payer) _______________________________________E-Mail:____________________CELL PHONE_______________________

Horse Name____ Reg #____ ____

Yr Foaled_________Sex________Owner____________________________AQHA#___________________________________Exp Date_______________

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)

American Quarter Horse Assoc. (AQHA), Florida Quarter Horse Assoc. (FQHA) Orange County BOCC 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 FQHA, ,AQHA, or OCBOCC,. All exhibitors, spectators, guests, riders, grooms, or other employees are subject to the rules and regulations of FQHA, AQHA & OCBOCC.
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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.