ENTRY FORM

FQHA LAST CHANCE SHOWS

FLORIDA HORSE PARK, DECEMBER 4-5, 2022

Person Responsible for account (payer) ____**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)

American Quarter Horse Assoc. (AQHA) Florida Quarter Horse Association, (FQHA) EdmondsonManagement, (EdMgt) South Florida Horse Shows,(SFHS) Florida Horse Park (FHP), its owners, its employees, its agents, and its guests will not be held responsible for accidents, communicable diseases, 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 FHP. All exhibitors, spectators, guests, riders, grooms, or other employees are subject to the rules and regulations of EdMgt, AQHA, FQHA & FHP.

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. 4% SURCHARGE FOR CREDIT CARD PAYMENTS