



ENTRY FORM

2023 FQHA MEMORIAL DAY SHOWS

Alachua County Agriculture and Equestrian Center, Newberry, FL

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. _____

Class Ams

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) Edmondson Management, (EdMgt) Alachua County Agriculture & Equestrian Center (ACA&EC) 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, EdMgt, AQHA, or ACA&EC. All exhibitors, spectators, guests, riders, grooms, or other employees are subject to the rules and regulations of FQHA, EdMgt, AQHA & ACA&EC.

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.