Is this horse Solid Paint Bred?

Office Use: Coggins: _

Mason Dixon Classic APHA Show

Back #

	res or No						
AME OF HO	RSE:					Date:	
Registration #		Year Foaled: (Circle Owner APHA # Street Address		(Circle One)	One) STALLION	MARE GELDING	
				Address:		City:	
ate:	Zip: Phone#:	En	nail:				
se a second	d form if more than three exhibitors	on the same horse a	nd/or more than 15 classes for	r one exhibitor			
EXHIBITOR #1		EXHIBITOR #2			EXHIBITOR #3		
Name:		Name:	Name:			Name:	
City/State:		City/State:	City/State:			City/State:	
APHA # Exp:			APHA # Exp:			Exp:	
DOB:/ Age as of 1/1/21 DC		DOB:/_	DOB:/ Age as of 1/1/21			/ Age as of 1/1/21	
Type Membership: (Circle One):		Type Membership: (Circle One):		т	Type Membership: (Circle One):		
Open Am. Nov. Am. Am. W/T Youth Nov. Youth Youth W/T		Open Am. Nov. Am. Am. W/T Youth Nov. Youth W/T		//T	Open Am. Nov. Am. Am. W/T Youth Nov. Youth W/T		
Relationship:		Relationsh	Relationship:		Relationship:		
lass#	Class Name:	Class #	Class Name:	С	lass#	Class Name:	
		_					

In a claim or right of damages, which may occur to me or my horse. I also assume and accept full responsibility for any damages done by me or my horse at this show. Owner/Exhibitor Signature (required):

APHA Cards _ Rabies: _ Reg. Papers

and reviewed with payee prior to payment. See class list with fee schedule for complete list of class, blanket, and miscellaneous fees.