

**All Breed Entry Form
Mid-Atlantic APHA Show**

BACK # _____

Horse Name _____ **Sex** _____ **Yr Foaled** _____

Owner Name _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Email Address _____

CLASSES

Exhibitor Name _____

Address _____

City/State/Zip _____

Youth Birthdate _____

Email Address _____

CLASSES

Exhibitor Name _____

Address _____

City/State/Zip _____

Youth Birthdate _____

Email Address _____

CLASSES

Exhibitor Name _____

Address _____

City/State/Zip _____

Youth Birthdate _____

Email Address _____

I agree to exhibit the above horse at my own risk and subject to all rules and regulations of the PPHC, DEPHC, premium list, and ground rules of the Show. I further agree that if I suffer personal injury and/or damage or loss occurs to me, my horse, my vehicle, or any equipment I may send with my horse, I will not hold the show sponsors, show management, or any other persons connected with this show responsible, nor will make claim against them.

Owner or Agent Signature _____ **Date** _____

Fees will be calculated by show entry software and reviewed with payee prior to payment. See class list with fee schedule for complete list of class, blanket, and miscellaneous fees.