

Is this horse Solid Paint Bred?  
Yes or No

# Mid-Atlantic APHA Show

Date:

Back #

NAME OF HORSE: \_\_\_\_\_ Registration # \_\_\_\_\_ Stallion/Mare/Gelding (Circle One)

Owner Name: \_\_\_\_\_ Owner APHA # \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Use a second form if more than three exhibitors on the same horse.**

**EXHIBITOR #1**

Name: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email address \_\_\_\_\_  
 APHA # \_\_\_\_\_ Exp: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 1/1/22 \_\_\_\_\_

**Type Membership: (Circle One):**  
 Open Am. Nov. Am. Am. W/T  
 Youth Nov. Youth Youth W/T

Relationship: \_\_\_\_\_

**EXHIBITOR #2**

Name: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email address \_\_\_\_\_  
 APHA # \_\_\_\_\_ Exp: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 1/1/22 \_\_\_\_\_

**Type Membership: (Circle One):**  
 Open Am. Nov. Am. Am. W/T  
 Youth Nov. Youth Youth W/T

Relationship: \_\_\_\_\_

**EXHIBITOR #3**

Name: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email address \_\_\_\_\_  
 APHA # \_\_\_\_\_ Exp: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 1/1/22 \_\_\_\_\_

**Type Membership: (Circle One):**  
 Open Am. Nov. Am. Am. W/T  
 Youth Nov. Youth Youth W/T

Relationship: \_\_\_\_\_

Class #	Class Name:

Class #	Class Name:

Class #	Class Name:

In accepting my entry, I hereby release the sponsor, their officers, members, and co-sponsors at this show from any 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): \_\_\_\_\_

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