NEW JERSEY QH ENTRY FORM

BACK #: _____

PERSON PAYING TAB: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE #: _____

EMAIL ADDRESS: _____

HORSES NAME	REGISTRATION #	FOAL YR.	STALLION MARE GELDING ROM VERIFIED _____	
OWNERS NAME	CITY/STATE		NSBA #	EXP. DATE
EXHIBITOR # 1	AQHA #	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH
EXHIBITOR # 2	AQHA #	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH
EXHIBITOR # 3	AQHA #	EXP. DATE	NSBA #	EXP. DATE
	DATE OF BIRTH	RELATIONSHIP TO OWNER		OPEN NOVICE AMATEUR YOUTH

CLASS #	EXHIBITOR #	NAME OF CLASS	DAYS SHOWING			

Show management or property owners will not assume liability for damages, injury or theft of exhibitors' horses, equipment, personnel or self. Exhibitors will assume full responsibility for any claim or suit arising from damages or injuries caused by his horses, personnel or equipment while on show premises. Only with this understanding will entries be taken.

$ 25 BILLING FEE
$ 50 RETURNED CHECK FEE

SIGNED

NJ QH SPRING SHOW; May 12-15 ~ NJQHYA YOUTH SHOW; June 23-26 ~ PJC MEMORIAL SHOW; August 25-28