

Is this horse Solid Paint Bred?

Yes or No

APHA ENTRY FORM

APHA/PtHA Color Collaboration

Cobleskill, NY

Back # _____

Date: _____

NAME OF HORSE: _____

Registration # _____ Year Foaled: _____ (Circle One) **STALLION** **MARE** **GELDING**

Owner Name: _____ Owner APHA # _____ Street Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Email: _____

Use a second form if more than three exhibitors on the same horse and/or more than 14 classes for one exhibitor

EXHIBITOR #1	
Name: _____	
City/State: _____	
APHA # _____ Exp: _____	
DOB: ___/___/___ Age as of 1/1/18 _____	
Type Membership: (Circle One):	
Open Am. Nov. Am. Am. W/T Youth Nov. Youth Youth W/T	
Relationship: _____	

EXHIBITOR #2	
Name: _____	
City/State: _____	
APHA # _____ Exp: _____	
DOB: ___/___/___ Age as of 1/1/18 _____	
Type Membership: (Circle One):	
Open Am. Nov. Am. Am. W/T Youth Nov. Youth W/T	
Relationship: _____	

EXHIBITOR #3	
Name: _____	
City/State: _____	
APHA # _____ Exp: _____	
DOB: ___/___/___ Age as of 1/1/18 _____	
Type Membership: (Circle One):	
Open Am. Nov. Am. Am. W/T Youth Nov. 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): _____