

ALL BREED ENTRY FORM
APHA/PtHA Color Collaboration
Cobleskill, NY

BACK # _____

Horse Name _____	Sex _____	Yr _____
Foaled _____		
Owner Name _____ _____		
Address _____		
City _____	State _____	Zip _____ Phone _____
Email Address _____		

	<u>CLASSES</u>
Exhibitor Name _____	_____
Address _____	_____
City/State/Zip _____	_____
Youth Birthdate _____	_____
Email Address _____	_____

	<u>CLASSES</u>
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 ESPHC, NEPHC, 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 _____

(Come to the show office following your last class to close out account and receive printed final bill)