Date: _____

# PtHA ENTRY FORM

## APHA/PtHA Color Collaboration
## Cobleskill, NY

**Back #**

**NAME OF HORSE:** _____

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

**Owner Name:** _____ **Owner PtHA #** _____ **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:_____

PtHA # _____ 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: _____

| Class # | Class Name: |
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### EXHIBITOR #2

Name: _____

City/State:_____

PtHA # _____ 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: |
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### EXHIBITOR #3

Name: _____

City/State:_____

PtHA # _____ 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: |
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**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):** _____