

**PtHA ENTRY FORM**

**APHA/PtHA Spring Fling  
Cobleskill, NY**

Date: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

**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:

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): \_\_\_\_\_