

Email pre-entries to carlsonshowmgmt@gmail.com prior to August 21st along with copies of cards and papers, payment can be made when you pick up

Entry Form

Exhibitor Number
(assigned by office)



COMPLETE ONE PER HORSE *your number in the show office*
HORSE INFORMATION (as it appears on papers)

Name: _____ Registration #: _____
Sex: M G S (circle one) ROM: Y/N Year Foaled: _____

OWNER INFORMATION

Name: _____ AQHA #: _____ Exp: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
Email Address: _____

*Nebraska Youth -
enter assigned 500
number*

If you are interested
in a particular back
no. Ask and we will
see if it is available.

EXHIBITOR 1 AQHA #: _____ Exp: _____
Name: _____ Relationship: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
Email Address: _____

EXHIBITOR 2 AQHA #: _____ Exp: _____
Name: _____ Relationship: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
Email Address: _____

EXHIBITOR 3 AQHA #: _____ Exp: _____
Name: _____ Relationship: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
Email Address: _____

ENTRIES FOR THIS HORSE (horse will be entered for all days unless otherwise specified)

EXHIBITOR: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____

EXHIBITOR: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____

EXHIBITOR: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____
Class #: _____ Class Name: _____

<i>For Office Use Only:</i>	
AQHA Drug Fee per	_____
judge = \$6	_____
Per Class Fee:	
\$16 x _____ judges = _____	
(# of classes) x _____	
	= _____
All show fee:	
\$250 all judges = _____	
Cattle Fees:	
Heading/Heeling = _____	
Calf Roping = _____	
Stalls:	
\$25 x _____ nights = _____	
(# of stalls) x _____	
	= _____
Facility COVID Fee (per horse) = \$30	
Payback _____	
Total Due _____	
Paid _____ Check # _____	