

Email pre-entries to carlsonshowmgmt@gmail.com prior to July 8th along with copies of cards and papers, payment can be made when you pick up your number in the show office

Entry Form

COMPLETE ONE PER HORSE

HORSE INFORMATION (as it appears on papers)

Name: _____ Registration #: _____

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

Exhibitor Number
(assigned by office)



Nebraska Youth -
enter assigned 500
number

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

OWNER INFORMATION

Name: _____ AQHA #: _____ Exp: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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: _____

Class #: _____ Class Name: _____

EXHIBITOR: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

Class #: _____ Class Name: _____

For Office Use Only:

AQHA Drug Fee = \$6__

Per Class Fee:

\$16 x ___ judges = _____
(# of classes) x _____
= _____

Special Events Fee:

\$16 x ___ classes = _____

All Day Fee:

\$50 x ___ judges = _____

Cattle Fees:

Heading/Heeling = _____

Calf Roping = _____

Stalls:

\$25 x ___ nights = _____
(# of stalls) x _____
= _____

Facility COVID Fee = \$35

Total Due _____

Paid ___ Check # _____