

Pre-entries receive \$10 off their tab per horse entered. Email pre-entries to carlsonshowmgmt@gmail.com prior to May 13th 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: _____ Sex: M G S (circle one)
Year Foaled: _____ Registration #: _____ ROM: Y/N

Exhibitor Number
(assigned by office)



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: _____
Spec. Day Day
Evnt 1 2

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: _____

For Office Use Only:

Per Class Fee:
\$16 x _____ judges = _____
(# of classes) x _____
= _____

All show fee:
\$250 all judges = _____

Tack Stalls:
\$25 x _____ nights = _____

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

Drug/Judge Fee
\$8 x _____ judges = _____

Facility COVID Fee (per horse) = \$30

Payback _____

Total Due _____
Paid _____ Check # _____