Pre-entries receive \$10 off their tab per horse entered. Email pre-entries to carlsonshowmgmt@gmail.com prior to April 21st along with copies of cards

Entry Form and papers, payment can be made when you pick up your number in the show Exhibitor Number (assigned by office) office COMPLETE ONE PER HORSE HORSE INFORMATION (as it appears on papers) Name: _____ Sex: M G S (circle one)
Year Foaled: _____ Registration #: ____ ROM: Y/N OWNER INFORMATION Nebraska Youth -_____ AQHA#: _____ Exp: _____ Name: _____ enter assigned 500 number If you are interested Email Address: in a particular back no. Ask and we will see if it is available. EXHIBITOR 1 AQHA #: _____ Exp: ____ Name: ______ Relationship: _____ Email Address: _____ EXHIBITOR 2 AQHA #: _____ Exp: ____
Name: ____ Relationship: _____ Email Address: EXHIBITOR 3 AQHA #: _____ Exp: ____ Name: _____ Relationship: ___ ENTRIES FOR THIS HORSE (horse will be entered for all days unless otherwise specified)
Spec. Day Day
EVHIBITOR:

EVHIBITOR:

EVHIPMORE

EVHIPMO EXHIBITOR: ____ For Office Use Only: Class #: _____ Class Name: Per Class Fee: Class #: _____ Class Name: _____ \$16 x ____ judges = _____ Class #: _____ Class Name: _____ (# of classes) x Class #: _____ Class Name: ____ All show fee: =____ Class #: _____ Class Name: _____ Class #: _____ Class Name: _____ \$250 all judges = Class #: Class Name: Cattle Fees: Team Roping \$20/run = _____ EXHIBITOR: ____ Class #: _____ Class Name: _____ Calf Roping \$22/run = _____ Working Cow \$35/run = Class #: _____ Class Name: _____ Class #: _____ Class Name: _____ Stalls: Class #: _____ Class Name: ____ \$25 x nights = _____ Class #: _____ Class Name: _____ (# of stalls) X ____ Class #: _____ Class Name: _____ = ____ Class #: ____ Class Name: ____ Drug/Judge Fee EXHIBITOR: ____ \$8 x____ judges = _ Class #: _____ Class Name: _____ Facility COVID Fee (per Class #: _____ Class Name: _____ Class #: _____ Class Name: _____ horse) = \$30Class #: _____ Class Name: _____ Payback Class #: _____ Class Name: _____ Class #: _____ Class Name: _____ Class #: ____ Class Name: Total Due

Paid Check #