

Email pre-entries to [carlsonshowmgmt@gmail.com](mailto:carlsonshowmgmt@gmail.com) prior to March 31st  
 along with copies of cards and papers, payment can be made when you  
 pick up your number in the show office

# Entry Form

Exhibitor Number  
 (assigned by office)

COMPLETE ONE PER HORSE  
 HORSE INFORMATION (as it appears on papers)

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



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: _____	Fri	Sat	Sun
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: _____

**For Office Use Only:**

Per Class Fee:  
 \$32 x \_\_\_ # of classes = \_\_\_\_\_

All show fee:  
 \$250 all judges = \_\_\_\_\_

Small Fry Class Fee:  
 \$5 x \_\_\_ # of classes = \_\_\_\_\_

Small Fry All show fee:  
 \$40 all judges = \_\_\_\_\_

Cattle Fees:  
 Team Roping \$20/run = \_\_\_\_\_  
 Calf Roping \$24/run = \_\_\_\_\_

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

Grounds Fee:  
 \$10 x \_\_\_ day = \_\_\_\_\_

AQHA Processing Fee:  
 \$8 x \_\_\_ judges = \_\_\_\_\_

Facility COVID Fee/horse:  
 \$20 x \_\_\_ # of horses = \_\_\_\_\_

Trail Practice fee:  
 \$10 x \_\_\_ # of horses = \_\_\_\_\_

Payback \_\_\_\_\_  
 Total Due \_\_\_\_\_

Paid \_\_\_ Check # \_\_\_\_\_