## **Entry Form**

Email pre-entries to <u>carlsonshowmgmt@gmail.com</u> prior to Sept 2nd along with copies of cards and papers, payment can be made when you pick up your number in the show office

Exhibitor Numbe
(assigned by office

COMPLETE OF	NE PER HORSE				(assigned by office)
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Citv:		State:	7in.		<ul><li>number</li><li>If you are interested</li></ul>
					no. Ask and we will
EXHIBITOR 1	AQHA #:	Exp:			see if it is available.
Address:			Birth Date:		
Citv:		State:	7in.		_
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EXHIBITOR 3	AQHA #:	Eyn:			
Name:	rigitivii.	Relationshin:			
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Email Address:		Oldio	Zip.		_
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Class #:	Class Name:				
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Olass #	Olass Name.		<del></del>	Cattle	e Fees:
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	Class Name:				Roping \$22/run =
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Class # Class #:	Class Name:			Stalls	<b>:</b> :
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Olass #	Class Name.				Judge Fee
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	Class Name:			Dayles	al.
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Ulass #:	Class Name:				Check #