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)

Day 1   Day 2

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:
Per Class Fee:
$32 x __# of classes = _____

All show fee: =_____
$250 all judges = _____

Cattle Fees:
Team Roping $20/run = _____
Calf Roping $22/run = _____

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

Drug/Judge Fee
$8 x____ judges = _____

Facility COVID Fee (per horse) = $30

Payback_____

Total Due   _____
Paid ___ Check # _____