

SWQHA ENTRY FORM

Please Fill Out One Form Per Horse

Number

Horse Information

Horse's Name: _____ Sex: Mare Stallion Gelding
AQHA Number: _____ Foal Year: _____
Owner's Name: _____ Phone Number: _____

Responsible Party Information

Responsible Party: _____ Phone Number: _____
Address: _____ Email: _____

Exhibitor Information

Exhibitor #1 Name: _____ Date of Birth: _____

Exhibitor AQHA #: _____ Type of Card: Open Amateur Youth
NRCHA # _____ SSN or TIN # _____

Fri/Sun Classes:

Sat/Mon Classes:

Exhibitor #2 Name: _____ Date of Birth: _____

Exhibitor AQHA #: _____ Type of Card: Open Amateur Youth
NRCHA # _____ SSN or TIN # _____

Fri/Sun Classes:

Sat/Mon Classes:

Exhibitor #3 Name: _____ Date of Birth: _____

Exhibitor AQHA #: _____ Type of Card: Open Amateur Youth
NRCHA # _____ SSN or TIN # _____

Fri/Sun Classes:

Sat/Mon Classes:

In consideration of my entry as an exhibitor with Southwest Quarter Horse Association with the rights and privileges as attendant thereto, (I)(WE) hereby expressly release and hold harmless and agree to indemnify the Southwest Quarter Horse Association and their officers, agents, and employees from any and all claims, loss, damage, injury, and liability whatsoever and howsoever, the same may be caused, resulting directly or indirectly from such entry by applicant. In case of emergency, I hereby give my permission for emergency medical treatment

Exhibitor or Parent/Guardian Signature

Date