

SHOW TAB SHEET

BACK # _____

**A Signed Check MUST
BE LEFT!
Make checks payable to:**

Circle one: Mare Gelding Stallion ROM Yr Earned _____

Horse's Name _____

Year Foaled _____ Registration # _____

Owner _____

City _____ State _____ Zip _____

YOUTH Information- EXACTLY as listed on your AQHA Card (Small Fry Also)

Exhibitor's Name _____ Birthday ____/____/____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

AMATEUR Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____ Birthday ____/____/____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

OPEN Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Horses are entered at your own risk and are subject to AQHA rules, under which the following classes will be conducted. In case of death, accident, injury or theft, to the exhibitor, their family, horses or property, NO CLAIMS will be honored against Lakeside Arena, or any member of the show management. This show /classes are subject to video recording. By signing below, you acknowledge and agree to the above.

Signature of Participant _____ **Date** _____

Cell phone of participant AT THE SHOW _____

Lakeside Arena

Responsible Party _____ _____ Stalled with _____ _____

Horse Stall _____

Tack Stall _____

Shavings _____

Hook up _____

Check # _____