

The following information must be filled out for **EACH** entry form and for every class you enter.

CLASS #:	BACK #:
ENTRY FEE \$:	PLACING:
OFFICE FEE: \$ 4.00 (ONCE PER HORSE/PONY)	TIME:

NAME OF HORSE/PONY: * _____

EXHIBITOR: * _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE () _____

I.C.P.H.A. MEMBER: YES ___ NO ___ * REQUIRED – THE FULL NAME OF HORSE & EXHIBITOR (AS ENTERED AT THE FIRST SHOW) OR ENTRY WILL NOT BE ELIGIBLE FOR POINTS.

This entry is not valid unless a Hold Harmless Agreement/Participant Release Waiver is signed by the Participant, Parent or Legal Guardian.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT IF ENTRY IS UNDER 18 YRS. OF AGE: _____

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