

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

*CLASS #:		*BACK #:
ENTRY FEE \$:	TIME:	PLACING:

NAME OF HORSE/PONY: * _____ FOAL YEAR: _____

EXHIBITOR: * _____ DATE OF BIRTH: _____

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: _____

All areas of the entry form must be filled out for the first entry.
Subsequent entries only require those areas with a * to be completed.

If you would like Email updates from ICPHA - Email Address: _____

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