QUARTER HORSE ENTRY (COMPLETE ONE SHEET PER HORSE) -PLEASE PRINT-

REQUESTED BACK #

HORSE NAME						EXHIBITOR #1		
5501075471	on "				0.EV	AQHA ID #	EXP. DATE	
REGISTRATION #YEAR FOALEDSEX						CITY/STATE/ZIP		
OWNER'S AQHA ID #EXP. DATE						YOUTH/AMATEUR BIRTHDATE RELATIONSHIP TO OWNER		
						PHONE #		
CITY/STATE/	ZIP					- FYLUDITOD #0		
PHONE #						YOUTH/AMATEUR BIRTH	EXP. DATE	
						YOUTH/AMATEUR BIRTH	IDATE ER	
				CHECK				
EXHIBITOR # 1, 2, OR 3	CLASS#	DAY 1&2	DAY 3&4					
				1				
STALLS W	ΊΤΗ							
TAB SHEE	T							
R & J Arena f endorsed eve their contents muscle aches	rom losses, ent. R & J Ar s I acknowle s, sore throa th Covid 19	damage rena ass edge tha at, new l	es, or injudences, or	ury to me and liability to the have any of the nell or taste.	or my animals res se who have not the ne following symp on the past month l	ulting from my attendance or read this condition and having stoms: cough, shortness of br I have not traveled outside the	consor and any person connected with participation in any R & J Arena produced not read these conditions still held to eath, or difficulty breathing, fever, chills, a US or been in contact with anyone ocial distancing and appropriate measure	
SIGNATURE						DATE		