RQHA INC

BACK NUMBER:

San Angelo, Texas; June 16th & 17th, 2023 @ 8:00 AM & 18th @ 7:00 AM

Horse Name:					_AQHA#			_		
Year Foaled:		_ Sex:	M	AQHA	CARD#			_		
				Expiratio	n Date:			-		
Address:				Email:				-		
Our market Manner			Relations	hin to Ow	DOB:			-		
				•						
CLASS NUMBER	CLASS NAME	Judge A FRI /SAT	Judge B FRI /SAT	Judge C FRI /SAT	Judge A SAT/SUN	Judge b SAT/SUN	Additional Exhibitor Card # / Expiration Date			
		-								
		-								
AQHA Entries:)	(\$15.00 pe	er class / \$	65.00 max	(4+) per div	vision)	1		
NSRA Entries:					matuer, then ax (4+) per di		ng Amatuer / Select Amatuer	class is free		
	talls:# of Nights:				0.000		entries on separate form			
	alls:# of Nights:		(ii entered ii	II NOVICE TO	outi, then co	rresponding	Youth class is free)			
	alls cannot be split at checkout -		s need to h	ave 1 per	son assigr	ned to pay	in full)			
Stalls:		_ (\$30 per n	ight per sta	ıll)	_		50 A01 (30 A00 A00 A00 A00 A00 A00 A00 A00 A00 A			
Shavings:	(\$11.00 each / NO OUTSIDE SHAVINGS)									
Drug Fee:	(\$10.00 per horse per show)									
Office Fee:	(\$15.00 per person)									
RV # of Nights:(\$40.00 per										
Obstacle Fee:	:le Fee: (\$10.00 per horse per show day - trail entry)									
		(\$25.00 pe				c.e.				
TOTAL FOR TH	IS ENTRY:		CK#							

PLEASE SIGN BACK OF FORM

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I agree that I will not hold RQHA, Inc., American Quarter Horse Association, San Angelo Stock Show and Rodeo Association and/or the competition management nor any of their agents, officers, directors, employees, volunteers or horse show participants or spectators liable for any injury or property damage to me, my horse or my property, rising out of or caused by this horse competition. I have read this release and understand its terms.

I / We have read, understood and the accept the rules and policies and hereby release RQHA, Inc. from any claim or loss as a result of participation in the activities. Signed:	
Phone No:	
DATE:	

RQHA INC San Angelo, Texas; June 16th & 17th, 2023 @ 8:00 AM & 18th @ 7:00 AM

	BACK NUMBER:								
				_					
Horse Name:		NSBA REG #							
Year Foaled:		Sex: NSBA CARD#							
		Expiration Date:							
		Email:							
City / State / Zip:	DOB: NSBA#								
Owner's Name:									
Address:									
NSBA CLASS		FRI	SAT	Additional Exhibitor					
NUMBER	CLASS NAME	SAT	SUN	Card # / Expiration Date					
NSRA Ent	rios								
HODA LIIL	ries:	\$10 PER .	JUDGE						
TOTAL FOR THIS	ENTRY:								
Water or This	CK#								
rom any claim or loss as	stood and the accept the rules and pol a result of participation in the activities		release RO	QHA, Inc.					
Phone No:									