Date _____ **O.S.B.A. SHOW TAB – 1 PER EXHIBITOR** Back# _____

Name of Person Responsible for Payment:

Address _____

City _____

State_____ Zip _____ Phone (_____) _____

Horse Name _____

IBHA Reg. # _____ Sex _____

Year Foaled _____ Coggins _____ (If out of State)

Owner(s) _____
(Exactly as appears on registration papers)

Address _____

City _____

State_____ Zip _____ Phone (_____) _____

IBHA # _____

Exhibitor Name: _____
Relationship (to owner)_____
(i.e. Wife, Daughter, Grandson, Trainer)

Address _____

City _____

State_____ Zip _____ Phone (_____) _____

IBHA# _____ (Circle) Open Amateur Youth Select

Birth Date (if showing youth or select) _____

Is your horse eligible for the Buckskin Bred program (sire/dam or grandsire/dam IBHA registered)? Yes No I don't know, tell me more!

If you are here with a trainer, list trainer name:	**Name on stall reservation:**

Stalls ($45/day, $60/WE)		**Tack ($45/day, $60/WE**		**Split Tack With:**	
Camping ($65/WE)		**Grounds Fee ($30/day)**		**Office Fee ($10/day)**	
Memberships		**Year-End Nomination**			

*******AGREEMENT AND WAIVER - MUST BE SIGNED*******	**SCRATCHES MADE AT THE OFFICE WILL BE REFUNDED – NO REFUNDS FOR NO-SHOWS**

I hereby enter the above horse at my own risk and subject to all rules and regulations of the show. I further agree that if any damages occur or loss of incurred to the horse exhibited or any articles are lost or damaged, I will make no claim against the horse association, the show management, the show grounds and/or its owners, employees, and/or representatives.

Signature: _____ Email address:_____

REMEMBER – YOU MUST NOMINATE PRIOR TO SHOWING TO BE ELIGIBLE FOR OSBA YEAR-END AWARDS

Day		**Class Number**	**Class Name**
Sat	**Sun**		

Date _____ Rec'd by _____ Amt Pd $ _____ Ck# _____ Cash _____ Name on Check _____