

Date _____

O.S.B.A. SHOW TAB – 1 PER EXHIBITOR

Back# _____

<p>Name of Person Responsible for Payment: ----- Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>Horse Name _____ IBHA Reg. # _____ Sex _____ Year Foaled _____ Coggins _____ (If out of State)</p>
<p>Owner(s) _____ (Exactly as appears on registration papers) Address _____ City _____ State _____ Zip _____ Phone (_____) _____ IBHA # _____</p>	<p>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) _____</p>
<p>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!</p>	

<p>If you are here with a trainer, list trainer name: _____</p>	<p>Name on stall reservation: _____</p>
--	--

Stalls (\$45/day, \$60/WE)	Tack (\$45/day, \$60/WE)	Split Tack With:	
Camping (\$40/Night)	Shavings (\$8.50/bag)	Office Fee (\$10/day)	
Memberships	Year-End Nomination		

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

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

Class Number	Class Name

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