

Date \_\_\_\_\_

# O.S.B.A. SHOW TAB – 1 PER EXHIBITOR

Back# \_\_\_\_\_

<b>Name of Person Responsible for Payment:</b> <hr/> Address _____ City _____ State _____ Zip _____ Phone ( _____ ) _____	<b>Horse Name</b> _____ IBHA Reg. # _____ Sex _____ Year Foaled _____ Coggins _____ (If out of State)
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<b>Owner(s)</b> _____ (Exactly as appears on registration papers) Address _____ City _____ State _____ Zip _____ Phone ( _____ ) _____ IBHA # _____	<b>Exhibitor Name:</b> _____ 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) _____
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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:
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<b>Stalls</b>	<b>Tack</b>	<b>Split Tack With:</b>	
<b>Camping</b>	<b>Shavings</b>	<b>Grounds Fee</b>	
<b>Memberships</b>	<b>Year-End Nomination</b>	<b>Office Fee</b>	

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