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| **Name of Person Responsible for Payment:****--------------------------------------------------------------------------------------------------------** | **Horse Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | IBHA Reg. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_ |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | Year Foaled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coggins \_\_\_\_\_\_\_\_\_\_\_ (If out of State) |
| State\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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|  | **Exhibitor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Owner(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship ( to owner)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  (Exactly as appears on registration papers) |  (i.e. Wife, Daughter, Grandson, Trainer)  |
|   | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |
|   | State\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | IBHA# \_\_\_\_\_\_\_\_\_\_\_\_ (Circle) Open Amateur Youth Select |
| IBHA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |
|   | 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! |

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

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| **Stalls ($45/day, $60/WE)** |  | **Tack ($45/day, $60/WE** |  | **Split Tack With:** |
| **Camping ($80/WE)** |  | **Grounds Fee ($30/day)** |  | **Office Fee ($10/day)** |  |
| **Memberships** |  | **Shavings ($6.50 / bag)** |  |  |  |

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| **\*\*\*\*\*\*\*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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Day** | **Class** **Number** | **Class Name** |
| **Sat** | **Sun** |  |  |
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Date \_\_\_\_\_\_\_\_\_ Rec'd by \_\_\_\_\_\_\_ Amt Pd $ \_\_\_\_\_\_\_ Ck# \_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_ Name on Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_