

PUNTA GORDA HORSEMAN'S ASSOCIATION (Circle Month)

October

November

January

May

Responsible Party: _____ **Back #:** _____

This is the person responsible for paying this tab. Note: Incomplete entry form may result in loss of APHA points

Horse Name: _____ APHA Reg. # _____ \$2.00 Fee

Gender: **M S G** Year Born: _____ Coggins Date: _____ Lab & Accession # _____

Owner Name: _____ APHA Member # _____ Exp. Date: _____

Address: _____

City _____ State _____ Zip _____ Phone _____

Amateur Exhibitor: _____ **APHA Member #** _____

Exp. Date: _____ **Relationship to Owner:** _____

Amateur Class No. (Please circle the classes you are entering \$15.00 Each) 13a 34a 54a

Youth Exhibitor: _____ **APHA Member #** _____

Exp. Date: _____ **Relationship to Owner:** _____

Youth Class No. (Please circle the classes you are entering \$15.00 Each) 13b 34b 54b

APHA Exhibitor: _____ **APHA Member #** _____

Exp. Date: _____ **Relationship to Owner:** _____

APHA Class No. (Please circle the classes you are entering \$15.00 Each) 26a 47a

By the act of entering this show, owners, lessees and exhibitors agree that APHA, PGHA, the show grounds and show committee will not be held responsible for any loss, injury, damage or debts in connection to this show.

Signature of owner or exhibitor or agent (entry will not be accepted until this line is signed)