ENTRY FORM

2019 FQHA Spring Blast Show

Florida State Fairgrounds, Tampa, FL

Person Responsible for account (payer) ____E-Mail:____________________CELL PHONE_______________________

Horse Name____ Reg #____ ____

Yr Foaled__________________Sex____________________Owner_____________________ ____

Mailing Address____________________________________ City________________________________ St_______ Zip___________ _________
IF YOUTH OR AMATEUR RIDER, GIVE RELATIONSHIP OF OWNER TO RIDER:_______ ______________________permit or leased: yes______no._______
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AQHA Am Name____B'date____________AQHA#______________________exp _________________

Classes for Amateur Exhibitor(numbers only)

AQHA Yt name____B'date____________AQHA#______________________exp_______________ ____

Classes for Youth Exhibitor(numbers only)

Open rider name____AQHA #______ exp ________

Classes for Open Exhibitor (numbers only)

Americn Qurter Horse Assoc. (AQHA), Florida Quarter Horse ASsoc. (FQHA) Edmondson Management, (EdMgt) Florida State Fair Authority(FSFA) its owners, its employees, its agents, and its guests will not be held responsible for accidents or loss which may occur to an exhibitor, spectator, guest, rider, groom, other employee, animal, or equipment at the competition; nor will they be responsible for any article of any kind or nature that may be lost, destroyed, or stolen, whether or not such loss, damage, or injury is the result of FQHA, EdMgt ,AQHA, or FSFA. All exhibitors, spectators, guests, riders, grooms, or other employees are subject to the rules and regulations of FQHA, EdMgt, AQHA & FSFA.
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Signature:

Office Use Only:____Ck attached:______________________________Payer:_________ _______________________________initial___________________
ENTRY FORM MUST BE ACCOMPANIED BY COPY OF REGISTRATION PAPERS AND MEMBERSHIP CARD FOR ALL EXHIBITORS AND HORSES TO BE CONSIDERED ENTERED INTO SHOW AND QUALIFIED.