

APPALOOSA ENTRY FORM
Turkey Trot, Iowa Falls, IA , Nov 25, 2017
Complete one sheet per horse (3 exhibitors per form)

HORSE BACK #

Fees paid by: Name: _____

Address: _____ City: _____

State: _____ Zip: _____ ApHC # _____ Email: _____

Horse Info: Name: _____

Registration# _____ Year Foaled: _____ Sex (Circle One): Stallion Mare Gelding

Owners Information: Name: _____

Address: _____ City: _____

State: _____ Zip: _____ ApHC # _____ Membership type: Open / NP / Youth

Email: _____ Phone #: _____

Exhibitor Name: _____ Birthday: _____ ApHC# _____

Address: _____ City: _____ State: _____ Zip: _____

Relation to Owner: _____ Membership type: _____ Non Pro _____ Youth _____ Open

Classes showing in: _____

Exhibitor Name: _____ Birthday: _____ ApHC# _____

Address: _____ City: _____ State: _____ Zip: _____

Relation to Owner: _____ Membership type: _____ Non Pro _____ Youth _____ Open

Classes showing in: _____

Exhibitor Name: _____ Birthday: _____ ApHC# _____

Address: _____ City: _____ State: _____ Zip: _____

Relation to Owner: _____ Membership type: _____ Non Pro _____ Youth _____ Open

Classes showing in: _____

For Office Use Only:

Tack Stall: _____ # Shavings: _____ Office Charge: _____

of Stalls: _____ Camping # nights: _____ Youth Credit: _____