

HEART OF AMERICA BUCKSKIN HORSE ASSOCIATION

Please complete **ALL** blanks and **PRINT CLEARLY!**

HORSE
BACK
NUMBER



HORSE INFORMATION

Registered Name: _____ ABRA Registration#: _____ Gender: _____ Yr Foaled: _____
 APHA Registration #: _____ AQHA Registration #: _____

OWNER INFORMATION

Owner's Name (FIRST): _____ (LAST): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Phone: _____ Emg #: _____

List All exhibitors of this horse at this show with names and numbers exactly as they appear on Membership cards.

Exhibitor #1 Open Amateur Youth - Please Circle One

Name (FIRST) _____ (LAST): _____ Youth/Am DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Relationship to Owner: _____ Phone: _____
 ABRA Number: _____ AQHA Number: _____ APHA Number: _____

CLASS NUMBERS

Exhibitor #2 Open Amateur Youth - Please Circle One

Name (FIRST) _____ (LAST): _____ Youth/Am DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Relationship to Owner: _____ Phone: _____
 ABRA Number: _____ AQHA Number: _____ APHA Number: _____

CLASS NUMBERS

Exhibitor #3 Open Amateur Youth - Please Circle One

Name (FIRST) _____ (LAST): _____ Youth/Am DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Relationship to Owner: _____ Phone: _____
 ABRA Number: _____ AQHA Number: _____ APHA Number: _____

CLASS NUMBERS

Exhibitor #4 Open Amateur Youth - Please Circle One

Name (FIRST) _____ (LAST): _____ Youth/Am DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Relationship to Owner: _____ Phone: _____
 ABRA Number: _____ AQHA Number: _____ APHA Number: _____

CLASS NUMBERS

**ALL MUST
SIGN
HERE!**

In consideration of the acceptance of any entry, the owner and/or exhibitor hereby releases, and agrees to hold harmless, the show management, Heart Of America Buckskin Horse Association and Lucky J Arena from any liability for damages or loss, if suffered or sustained by the owner, exhibitor, or handler of such entries as the result of theft, injury or damage occurring in conjunction with or during these shows.

SIGNATURE (If under 18, Parent or Guardian must sign) _____ Emergency Contact Phone _____

Under Missouri law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to to Revised Statutes of Missouri. (Chapter 537, RSMo.)

OFFICE USE ONLY - Check ALL boxes or mark N/A

In-State Coggins: Date Drawn: _____ Out-of-State Owner Membership Card copied? Horse Reg. copied?
 Out-of-State Coggins: Date Drawn: _____ Health Papers: Exhibitor current Membership Card copied?

Please email entry form into heartofamericahorse@gmail.com. Pre-entry deadline is Thursday (week of the show) by 2pm.

One of the pre-entries will be drawn as the winner of a prize to be announced at the show, don't miss out!