

SHOW TAB SHEET

BACK # _____

A Signed Check MUST BE LEFT!

Circle one: Mare Gelding Stallion ROM Yr Earned _____

Make checks payable to:

Horse's Name Exactly as it appears on Registration

Horse's Name _____

TPHC

Year Foaled _____ Registration # APHA _____ PtHA _____

Owner _____ APHA# _____ PtHA# _____

City _____ State _____ Zip _____

#1 Exhibitor Information- EXACTLY as listed on your APHA/PtHA Card

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Additional _____

PtHA Card # _____ Exp Date _____

Relationship to Owner _____

#2 Exhibitor Information - EXACTLY as listed on your APHA/PtHA Card

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Additional _____

PtHA Card # _____ Exp Date _____

Relationship to Owner _____

#3 Exhibitor Information - EXACTLY as listed on your APHA/PtHA Card

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Additional _____

PtHA Card # _____ Exp Date _____

Stalled with _____	Responsible Party _____
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Horse Stall _____
Tack Stall _____
Shavings _____
Hook up _____
Check # _____

AGREEMENT AND WAIVER - MUST BE SIGNED

"AGREEMENT AND WAIVER - MUST BE SIGNED I hereby enter the above horse at my own risk and subject to all rules and regulations of the show and sponsoring associations under which the following classes will be conducted. In case of death, accident, injury, theft or loss of articles, to the exhibitor, their family, horses or property, NO CLAIMS will be honored against TPHC, APHA, PtHA, ESS or any member of the show management team or sponsoring organization(s). By attending this event I enter into an understanding that I am voluntarily participating at my own free will and thus assume any and all health risks associated with communicable diseases including but not limited to the spread of COVID-19 while travelling to and attending public events. I will take no claim against the horse association, the show management, the show grounds and/or its owners, employees, and/or representatives. This show /classes are subject to video recording. " I have read and understand the terms and conditions of the event and agree to abide by those terms and conditions and the APHA/PtHA Rule Book for this class/classes and division. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider, and/or agent to the terms and conditions of the Release of Waiver Liability. I warrant that I am of legal age or am the parent or legal guardian of the participant named above, and that I have read and fully understand the foregoing terms.

Signature of Participant _____ Date _____

Cell phone of participant AT THE SHOW _____