



SHOW TAB

<h2 style="margin: 0;">Back #</h2>

<p style="text-align: center;"><i>Exactly as it appears on Registration Papers</i></p> <p>Owner(s) _____</p> <p>Address _____</p> <p>_____</p> <p>Phone (____) _____</p> <p>APHA ID# _____ Exp Date _____</p>	<p style="text-align: center;"><i>Exactly as it appears on Registration Papers</i></p> <p>Horse Name _____</p> <p>Registration # _____</p> <p><input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare Year Foaled _____</p> <p>Coggins Ascension # _____ Date _____</p>
<p style="text-align: center;">Exhibitor #1</p> <p>Name _____ Relation _____</p> <p>Address _____</p> <p>City, State _____ Zip _____</p> <p>Phone(____) _____ Birthdate (m/d/yy) _____</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Open <input type="checkbox"/> Amateur <input type="checkbox"/> Youth <input type="checkbox"/> Novice <input type="checkbox"/> Walktrot</p> <p>APHA ID# _____ Exp Date _____</p> <p>Amt/Youth ID# _____ Exp Date _____</p>	<p style="text-align: center;">Exhibitor #2</p> <p>Name _____ Relation _____</p> <p>Address _____</p> <p>City, State _____ Zip _____</p> <p>Phone(____) _____ Birthdate (m/d/yy) _____</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Open <input type="checkbox"/> Amateur <input type="checkbox"/> Youth <input type="checkbox"/> Novice <input type="checkbox"/> Walktrot</p> <p>APHA ID# _____ Exp Date _____</p> <p>Amt/Youth ID# _____ Exp Date _____</p>

CLASSES TO BE SHOWN IN

Exhibitor # (1 or 2)	Class #	Name of Class	Day 1	Day 2	Total Fees
All Day Fee					
<p>Under Tennessee 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 Tennessee Code Annotated, title 44, chapter 20.</p> <p>By my signature below, either written or typed, that I acknowledge the above information and agree to hold the Tennessee Paint Horse Club, or Kay Kass, ESS Special Events, harmless from any liability resulting from said equine activities</p> <p>X _____ Date _____</p>			Subtotal		
			APHA Fees _____ @ \$ _____		
			Office Charge _____ @ \$ _____		
			Stalls/Ground Fee _____ @ \$ _____		
			Camper Hookup _____ @ \$ _____		
Shavings _____ @ \$ _____					
Total Due					

Received By _____ Check # _____ Date _____ Amount pd\$ _____