

# Charles Tidmore Memorial SHOW TAB SHEET

A Signed Check made out to ALYQHA  
must be left with entry

Check # \_\_\_\_\_

BACK # \_\_\_\_\_

## HORSE INFORMATION (As it appears EXACTLY on AQHA Papers)

Horse's Name:	Year Foaled:	AQHA #:	NSBA #:	<u>SEX</u>	<u>ROM</u>
				M G S	Y N

TRAINER or Stalled With: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## OWNER INFORMATION (As it appears EXACTLY on AQHA Papers)

Owner: \_\_\_\_\_ AQHA #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ NSBA #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

EXHIBITOR 1 - EXACTLY as listed on AQHA Card				EXHIBITOR 2- EXACTLY as listed on AQHA Card				EXHIBITOR 3 - EXACTLY as listed on AQHA Card			
Exhibitor's Name		DOB		Exhibitor's Name		DOB		Exhibitor's Name		DOB	
<b>Circle Division:</b> Open Amateur Youth				<b>Circle Division:</b> Open Amateur Youth				<b>Circle Division:</b> Open Amateur Youth			
AQHA Card #		Exp Date:		AQHA Card #		Exp Date:		AQHA Card #		Exp Date:	
NSBA #:		Exp Date:		NSBA #:		Exp Date:		NSBA #:		Exp Date:	
Class Numbers				Class Numbers				Class Numbers			

**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 ALQHA, Peak Equine Productions, LLC, AQHA, 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 AQHA 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.*

**By signing below, you acknowledge and agree to the above.**

Signature of Participant \_\_\_\_\_

Cell phone of participant AT THE SHOW \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_

All Inclusive:	\$285/horse	_____
Class Fee	_____x\$15	_____
Sm Fry	_____x\$10	_____
Open Classes	_____x\$10	_____
Processing Fee	\$10/judge	_____
Office Fee	\$5/judge	_____
Horse Stall	\$75/horse	_____
Extra Night	\$25/night	_____
Tack Stall	\$75/circuit	_____
Shavings	_____x\$8.50/bag	_____
RV Hookup	\$40x____nights	_____
Grounds Fee	\$30/horse	_____
Trail Set up	\$10/horse	_____
Check #	_____	_____