

**\$ 50 RETURNED CHECK FEE**

**MARTINGANZA APHA CLASSES**

WARNING! Under NC law, an equine activity sponsor or equine professional, NCQHA, District IV NCQHA, VQHA, the Guilford College Community Civitan Club and the Senator Bob Martin Eastern Agriculture Center are not liable for an injury to or death of a participant in equine activities resulting exclusively from the inherent risk of equine activities. CHAPTER 99E NC Statutes

**PERSON PAYING TAB:** \_\_\_\_\_

**BACK NO.** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

<b>HORSES NAME</b>	<b>APHA</b>	<b>HORSE REG#</b>	<b>NSBA</b>	<b>ROM</b>	<b>YEAR FOALED</b>	<b>STALLION</b>
				<b>Open</b>	<b>Youth</b>	<b>MARE</b>
						<b>GELDING</b>

<b>OWNERS NAME</b>	<b>CITY, STATE</b>
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<b># 1</b>	<b>YOUTH EXHIBITOR</b>	<b>NOV</b>	<b>NON-PRO</b>	<b>WALK/TROT</b>	<b>Birthdate</b>	<b>RELATION TO OWNER</b>
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		<b>CLASSES (One class number per block please)</b>									
<b>APHA ID #</b>		<b>All 4 judges</b>									
<b>EXP DATE:</b>	<b>WALK/TROT EXP DATE</b>										
<b>NSBA ID #</b>		<b>1st go only</b>									
<b>EXP DATE:</b>		<b>2nd go only</b>									

<b># 2</b>	<b>AMATEUR EXHIBITOR</b>	<b>NOV</b>	<b>NON-PRO</b>	<b>WALK/TROT</b>	<b>Birthdate</b>	<b>RELATION TO OWNER</b>
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		<b>CLASSES (One class number per block please)</b>									
<b>APHA ID #</b>		<b>All 4 judges</b>									
<b>EXP DATE:</b>	<b>WALK/TROT EXP DATE</b>										
<b>NSBA ID #</b>		<b>1st go only</b>									
<b>EXP DATE:</b>		<b>2nd go only</b>									

<b># 3</b>	<b>OPEN EXHIBITOR</b>					<b>RELATION TO OWNER</b>
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		<b>CLASSES (One class number per block please)</b>									
<b>APHA ID #</b>		<b>All 4 judges</b>									
<b>EXP DATE:</b>											
<b>NSBA ID #</b>		<b>1st go only</b>									
<b>EXP DATE:</b>		<b>2nd go only</b>									

<b># 4</b>	<b>EXHIBITOR - ADDED MONEY CLASSES</b>		<b>RELATION TO OWNER</b>
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Make check payable to the person listed below: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ Social Security # (Needed for pay-outs) \_\_\_\_\_  
checks will not be mailed without this information

**STREET ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP CODE** \_\_\_\_\_

**TRAINER'S NAME:** \_\_\_\_\_ **STALL(S)/BARN (IF NOT PREPAID)** \_\_\_\_\_

**HOTEL NAME:** \_\_\_\_\_ **# SHAVINGS \$9.00/BAG/3 free** \_\_\_\_\_  
(to help with future horseshow rates)

**HOOK-UP/PLUG IN(\$35/night)** Tues Wed Thurs Fri Sat Sun Mon **GROUNDS FEE(no stall)** Thurs Fri Sat Sun

**EXHIBITORS MUST SHOW COPIES OF HORSE PAPERS & MEMBERSHIP CARDS UPON ENTRY**

**BLANK CHECK OR CREDIT CARD NEEDED UPON ENTRY Thank-you for coming to our show!**