

Entry Application (Only One Horse On Each Entry Blank)

Peter J Cofrancesco Memorial Horse Show to Benefit the Sussex County Fairgrounds Foundation

Back Number

COPY OF HORSES AQHA PAPER AND MEMBERSHIP CARDS ARE NEEDED

| Horse Name | Registration Number | Year Foaled | Sex |
|------------|---------------------|-------------|-----|
| | | | |

Please put (TS) for Thursday & Saturday & FS for FRIDAY & SUNDAY next to the class number you will be entering

Sample (Class 20 F & SS Exhibitor Mr. Smith Exhibitors ID 0000011 Owner Relationship Daughters)

| Open Class Number <small>Put TS or FS next to class#</small> | Amateur Class Number <small>Put TS or FS next to class#</small> | Youth Class Number <small>Put TS or FS next to class#</small> | EXHIBITOR NAME MUST REFLEX THE CLASS YOU ARE ENTERING <u>ALSO SUPPLY DATE OF BIRTH FOR YOUTH AND AMATEURS</u> | EXHIBITOR AQHA ID MUST REFLEX THE CLASS YOU ARE ENTERING ALSO SUPPLY <u>EXPIRATION DATE</u> | OWNER'S RELATIONSHIP: AMATEUR & YOUTH CLASSES ONLY |
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I (We) hereby make application to enter the above named horse(s) in the classes named subject to the Rules and Regulations of the American Quarter Horse Association, all of which I (We) have read, and agree to the provisions contained therein as a part of this contract. I (We) hereby release the above show from any claim or loss to myself, employees, horses and / or equipment.

SIGNATURE OF AGENT:

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|---|--|
| Owner Name: | EXACTLY AS SHOWN ON REGISTRATION PAPERS |
| Address: | |
| Name of Agent (if any, or Parent if Youth Entry) | |
| Address: | Phone Number |
| Email Address | |