



# MOUNTAIN AND PLAINS ApHC

## Entry Form

Exhibitor  
Number

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<b>COMPLETE REGISTERED NAME OF HORSE</b>				<b>ApHC Reg #</b>		<b>SEX</b>	<b>Foaling Date</b>	
<b>Owner Name(s) Exactly as shown on registration papers</b>				<b>Owner ApHC #</b>		<b>Owner ApHC #</b>		
<b>Owner Mailing Address</b>			<b>City</b>	<b>State</b>		<b>Zip</b>		
<b>Owner's Email Address</b>						<b>Owner Phone Number</b>		
<b>Exhibitor #1 Name</b>				<b>ApHC #</b>		<b>Youth</b>	<b>Non-Pro</b>	<b>DOB</b>
<b>Exhibitor's Mailing Address</b>			<b>City</b>	<b>State</b>		<b>Zip</b>		
<b>Exhibitor's Email Address</b>			<b>List ALL Class numbers to be shown by this Exhibitor</b>					
<b>Exhibitor's Relationship to Owner</b>								
<b>Exhibitor #2 Name</b>				<b>ApHC #</b>		<b>Youth</b>	<b>Non-Pro</b>	<b>DOB</b>
<b>Exhibitor's Mailing Address</b>			<b>City</b>	<b>State</b>		<b>Zip</b>		
<b>Exhibitor's Email Address</b>			<b>List ALL Class numbers to be shown by this Exhibitor</b>					
<b>Exhibitor's Relationship to Owner</b>								

**CLASSES CAN BE ADDED AND SCRATCHED AT NO FEE @ SHOW**

<b>CLASS SPONSORSHIP</b> <b>\$30/CLASS OR 2 CLASSES \$55</b> class # _____ & _____ <b>Please announce as follows:</b> _____
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<b>MPApHC MEMBERSHIP</b> <b>Individual \$30</b> _____ <b>Family \$40</b> _____ <b>Corp/Farm \$50</b> _____ <b>Youth \$10</b> _____
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<b>STALL RESERVATIONS</b> ___ QTY STALLS _____ ___ NUMBER OF NIGHTS (@\$25) _____ ___ SHAVINGS @ \$10.00/BALE _____ ___ CLEANING FEE @ \$10/STALL _____
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**Colorado Equine Activity Liability Act**

**RELEASE/WARNING:** Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes. I (we), the owner(s), exhibitor, hereby request to enter the show indicated and agree to abide by the bylaws, standing rules, judging and show rules of the respective organization, i.e. Appaloosa Horse Club (ApHC), Mountain & Plains ApHC (MPApHC). I (we), hereby release ApHC & MPApHC, and its members, employees, volunteers from any loss to myself, employees, agents, horses and/or equipment while attending and/or participating in this show

I further agree that images from this show can be used in advertising and social media to promote the event/association and horse related activities. By providing the email address of participants above, I agree that I would like to receive periodic emails about horse related items, activities or upcoming events.

I have read the entry form in its entirety and agree to all terms and conditions contained in this document. **ADULT** Owner/Exhibitor/Agent

Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>ENTRY FEES</b> <b>SEE SHOW BILL FOR DETAILS</b> <b>FLAT FEES: \$125</b> <b>REDUCED FEE FOR ADDITIONAL HORSE</b> <b>NON PRO/OPEN \$36 PER CLASS</b> <b>YOUTH \$15 PER CLASS</b> <b>OFFICE CHARGE \$15/\$25</b> <b>CATTLE CHARGES MARKET RATE</b>  <b>PRE ENTER 2 WEEKS PRIOR</b> <b>REDUCED OFFICE FEE</b>
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