



2024



Spark Some Fun

Entry Form

HORSE INFO

Horse Name: _____ MQHA BACK #: _____

AQHA Registration #: _____ Mare Gelding | Foal Date: _____

Horse Owner Name: _____ AQHA Membership #: _____

Horse Owner's Relationship to Exhibitor(s): _____ Exp Date: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Phone #: _____ Email: _____

1st EXHIBITOR INFO

Exhibitor name MUST EXACTLY MATCH membership information

Amateur Youth | AQHA Membership ID #: _____ Expiration Date: _____

Exhibitor Name: _____ Date of Birth: _____

Exhibitor Address: _____ City: _____ State: _____ Zip: _____

Exhibitor Phone #: _____ Email: _____

2nd EXHIBITOR INFO

Exhibitor name MUST EXACTLY MATCH membership information

Amateur Youth | AQHA Membership ID #: _____ Expiration Date: _____

Exhibitor Name: _____ Date of Birth: _____

Exhibitor Address: _____ City: _____ State: _____ Zip: _____

Exhibitor Phone #: _____ Email: _____

EXTRAS

Stalls: # _____ | Number of Nights _____

Bags of Shavings # _____ Bagged Shavings must be PRE-ORDERED BY Friday, June 16

Bulk shavings are available for no charge.

Request to Stall Near _____

WAIVER RELEASE:

As a condition of my participation (and/or the participation of my child) in this event, I agree as follows: I release the 406 Arena and the MQHA, its employees, volunteers, and agents, the show facility, and the management of this show from any loss or damage that may occur to me, my horse, or my property as a result of my and/or my horse's attendance at or participation in this event. I am responsible for any loss or damage caused by me or my agents at the show grounds and I will pay any bill rendered to me for such loss or damage. I also agree to abide by all show rules.

Signature: _____

Date: _____

Printed Name: _____

