

# Wisconsin Appaloosa Horse Club March – HORSE SHOW ENTRY FORM

(Complete one sheet per horse – 3 exhibitors per form)

# OF STALLS USED AT SHOW: \_\_\_\_\_

FEES PAID BY: \_\_\_\_\_

Additional BAGS OF SHAVINGS: \_\_\_\_\_

OWNERS Name: \_\_\_\_\_

TOTAL CATTLE RUNS: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ApHC #: \_\_\_\_\_

**HORSE INFO:** Name of Horse: \_\_\_\_\_

Registration #: \_\_\_\_\_ Year Foaled: \_\_\_\_\_ Sex (circle one): Stallion Mare Gelding

Send To:  
Nicholas Beil  
7540 Pine Road  
Arena WI 53503

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I acknowledge horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses, and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify, and hold harmless any agents or employees of the above against all claims, demands, and causes of action, including court costs and actual attorney's fees arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand it's contents.

## EXHIBITOR # 1 INFO:

### Circle One Category:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ OPEN NON-PRO YOUTH

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ ApHC #: \_\_\_\_\_ Novice? \_\_\_\_\_

BACK #: \_\_\_\_\_ Relationship to Owner of Horse: \_\_\_\_\_

Classes Entered: \_\_\_\_\_

## EXHIBITOR # 2 INFO:

### Circle One Category:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ OPEN NON-PRO YOUTH

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ ApHC #: \_\_\_\_\_ Novice? \_\_\_\_\_

BACK #: \_\_\_\_\_ Relationship to Owner of Horse: \_\_\_\_\_

Classes Entered: \_\_\_\_\_

## EXHIBITOR # 3 INFO:

### Circle One Category:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ OPEN NON-PRO YOUTH

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ ApHC #: \_\_\_\_\_ Novice? \_\_\_\_\_

BACK #: \_\_\_\_\_ Relationship to Owner of Horse: \_\_\_\_\_

Classes Entered: \_\_\_\_\_