



Please only print or type.



 **PtHA***



WRHA*

☐ All Breed

Back #:

FCHC Office Use Only

***You must include applicable membership card(s), exhibitor card(s), and horse registration papers in order for this entry form to be processed.**

Responsible/Paying Party Name: _____ **Payment Method:** ☐ Cash ☐ Check ☐ CC ☐ Zelle

Phone: _____ ☐ OK to text? Email: _____

Horse's Name: _____ **Gender:** ☐ M ☐ G ☐ S **Year Foaled:** _____

APHA Reg #: _____ PtHA Reg #: _____ WRHA Reg #: _____

Owner/Leasee Name: _____ **Email:** _____

APHA Reg #: Exp: PtHA Reg #: Exp: Phone:

NOTICE: Under Florida Statute, Section 773.02, except as provided in Section 773.03, an equine activity sponsor or 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. Participants and spectators agree to release from liability the Florida Cold Horse Club, the Alachua County Agriculture & Equestrian Center, the Alachua County Board of County Commissioners, the American Paint Horse Association, the Pinto Horse Association of America, and any of their staff, personnel, or contractors regarding any claim of loss or injury to any horse, human or property occurring at this event.

ALL EXHIBITORS MUST COMPLETE A SHOW FACILITY WAIVER ONCE PER CALENDAR YEAR. FORM IS AVAILABLE AT WWW.SHOWFCHC.COM.

Amateur Exhibitor Name: _____ **Rel. to Owner:** _____ **DOB:** _____

APHA #: _____ Exp: _____ ☐ Novice Am ☐ Amateur ☐ Walk/Trot Show Card Exp: _____

PtHA #: _____ Exp: _____ ☐ Novice Am ☐ Amateur ☐ Walk/Trot Show Card Exp: _____

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Youth Exhibitor Name: _____ **Rel. to Owner:** _____ **DOB:** _____

APHA #: _____ Exp: _____ ☐ Novice Yth ☐ Youth ☐ Walk/Trot (10&U) ☐ Walk/Trot (11–18) Show Card Exp: _____

PtHA #: **Exp:** ☐ Novice Yth ☐ Youth ☐ Walk/Trot (10&U) ☐ Walk/Trot (11–18) **Show Card Exp:**

[illegible]

Open Exhibitor Name: _____ **Rel. to Owner:** _____

APHA #: _____ Exp: _____ PtHA #: _____ Exp: _____

[illegible]