

SHOW TAB SHEET

BACK # _____

**A Signed Check MUST
BE LEFT!**

Make checks payable to:

Circle one: Mare Gelding Stallion ROM Yr Earned _____

Horse's Name _____

Year Foaled _____ Registration # _____

Owner _____

City _____ State _____ Zip _____

Exhibitor 1 Information- EXACTLY as listed on your AQHA Card (Small Fry Also)

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____ Birthday ____/____/____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

Exhibitor 2 Information - EXACTLY as listed on your AQHA Card

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____ Birthday ____/____/____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

Exhibitor 3 Information - EXACTLY as listed on your AQHA Card

Circle One Open Nov AM Am Nov YTH Youth

Exhibitor's Name _____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Stalled with _____	Responsible Party _____
--------------------	-------------------------

Camper Yes No

Coggins Yes No

Health Cert Yes No

Check # _____

This West Virginia section expressly recognizes the value of equestrian activities to the state. Thus, in order to limit liability to those who provide equine services, the duties of both the horsemen who provide such services and the participants who engage in such activities are stated. Each participant in an equestrian activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equestrian activity. Horsemen are required to ensure the safety of the participants and the equipment provided. Horses are entered at your own risk and are subject to AQHA rules, under which the following classes will be conducted. In case of death, accident, injury or theft, to the exhibitor, their family, horses or property, NO CLAIMS will be honored against WVQHA, or any member of the show management. By signing below, you acknowledge and agree to the above.

Signature of Participant _____ **Date** _____

Cell phone of participant AT THE SHOW _____