

FMSFQHR Affiliate Show Entry Form

Coggins Neg _____

BACK NUMBER _____

(Assigned by Show Management, Stays with horse)

Entry form must be completely filled out or a copy of your horse's registration papers must accompany entry form. If information is missing from your form, you may not receive affiliate or national points earned at this show.

Show You Are Registering For: APRIL _____ JUNE _____ AUG _____ SEPT _____

Horse's Name: _____ FQHR# _____ Mare ___ Gelding ___ Stallion ___ Year Foaled _____

Exhibitor's Name _____ FQHR # _____ Exp. Date ___/___/___

Youth Exhibitor's Name _____ FQHR # _____ Exp. Date ___/___/___

Exhibitor's Address (if different from owner's) _____

City _____ State _____ Zip _____ Phone # _____

Division Entering: OPEN _____ AMATEUR _____ NOVICE _____ YOUTH _____ Date of Birth ___/___/___ (Youth Only)

Owner's Name: _____ FQHR # _____ Exp. Date ___/___/___

Address _____ Phone # _____

City _____ State _____ Zip _____

Classes Entered: # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____, # _____

If competing for versatility award please indicate classes that are to be used for versatility competition by circling the number. Refer to rule book for eligibility requirements.

1. _____ 2. _____

Two Man Feed Lot Sort Team Members

1. _____ 2. _____ 3. _____

Team Sorting Team Members

Fees:

\$2.00 Office Charge Per Horse. = \$ _____

\$7.00 Class charge per horse x number of classes entered. = \$ _____

\$60.00 Ride all day/except cattle classes, Per Horse, Per Rider. = \$ _____

\$20.00 Cattle charge per class OR \$50 for all cattle classes(Pre-Entry Only). Day of Show \$25 per class-No All Day. = \$ _____

\$10.00 Stall Fee per horse/ per day. = \$ _____

\$10.00 Tack Stall / per day. = \$ _____

Shavings per bag / To be determined at Show = \$ _____

\$15.00 Camper Hook-up / per night. = \$ _____

\$8.00 Camping with no Hook-up per night. = \$ _____

FQHR Membership Fee / INDIVIDUAL _____ JOINT _____ AMATEUR _____ NOVICE _____ YOUTH _____ . . . = \$ _____

FMSFQHRA Membership Fee / INDIVIDUAL _____ FAMILY _____ = \$ _____

Total: _____

Cash: _____

Check #: _____

Make all checks payable to: FMSFQHRA
Mail entry form and check to: Tammy Bryant
3355 Florence Rd
Smithton, Mo 65350