2019 NCQHA-RMQHA Shows Heart of The Rockies Name of the person paying for this horse _____ HORSE INFORMATION as it appears on Registration Papers/Competition License Complete one entry form for each horse being entered. Use this form to enter ALLCLASSES.

Registered Name:	Registration #:	Sex:	Foal Yr:						
Trainer		WILL THIS HORSE BE RENTING A STALL?							
OWNER INFORMATION as it appears on Registration Papers									
	Name	Phone #							
Owner									
Address:		City, State, ZIP:	E-Mail Address:						
EMERGENCY CONTACT N	ame:Phor	ne Number:	_ Relationship:						

EXHIBITOR INFORMATION **Date of Birth (DOB) required for Youth, Amateur & Select

#1 NAME:	DOB:	#2 NAME:	DOE	B:	#3 NAME:	DOB:
AQHA #:Exp:Type	9	AQHA #:Exp:	Туре		AQHA #:Exp:	Туре
Relationship to Owner:		Relationship to Owner:		Relationship to Owner:		
Address		Address		Address		
City ST	ZIP	City	_STZIP		City	_ ST ZIP
Class #'s		Class # 's		Class # 's		
<u></u>						

RELEASE: Under Colorado Law, an equine professional is not liable for injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119 Colorado Revised Statutes. I (we), the owner(s), exhibitor, hereby request to enter the show indicated and agree to abide by the bylaws, standing rules, judging and show rules of the respective organization, i.e. American Quarter Horse Association (AQHA), Northern Colorado Quarter Horse Association (NCQHA), Rocky Mountain Quarter Horse Association (RMQHA), Larimer County Fairgrounds, The Ranch and Excel Associates. I (we), hereby release AQHA, NCQHA, RMQHA. The Ranch and Excel Associates, and its members, employees, volunteers from any loss to myself, employees, agents, horses and/or equipment while attending and/or participating in this show. I further agree that images from this show can be used in advertising and social media to promote the event/association and horse related activities. By providing the email address of participants above, I agree that I would like to receive periodic emails about horse related items, activities or upcoming events. The provisions contained herein are hereby made a part of this entry agreement. By providing the email address of participants above, you agree that you would like to receive periodic emails about horse related items, activities or upcoming events. I have read the entry form in its entirety and agree to all terms and conditions contained in this document.

Signature/Date:

Printed Name:

Confirmation email

BACK #

 \star \star Include a copy of exhibitor(s) current cards and copy of the horse's registration papers.

Email completed form to renee.elkins@gmail.com or mail to 5398 Aspen Avenue Erie, CO 80516