

**Entry Form**

**MAY 30, 31 and JUNE 1 2008**

SEND ENTRIES TO: GLADYS GILBERTSON  
6055 BUENA VISTA DR., PASO ROBLES, CA 93446  
OR FAX TO: (805) 238-2701 **SEND NO MONEY**



# ASSIGNED BY OFFICE  
**AMATEURS MUST HAVE PROOF  
OF OWNERSHIP AND SHOW A  
CURRENT AMATEUR NUMBER**

**STALL: YES CK# \_\_\_\_\_ NO \_\_\_\_\_**

NAME OF HORSE

REG #

YEAR

CIRCLE SEX

STALLION MARE GELDING

OWNERS NAME AS ON PAPERS

ADDRESS

CITY

STATE

ZIP

PHONE # WITH AREA CODE

SIRE'S NAME/REG #

DAM'S NAME/REG #

I DO HEREBY CONSENT AND AGREE THAT THE SPONSORING ASSOCIATION AND ANY COOPERATIVE PERSON OR GROUPS SHALL NOT BE HELD RESPONSIBLE FOR LOSS, DAMAGE AND/OR LIABILITY SUSTAINED OR SUFFERED WHILE ON THE SHOW GROUNDS OR DURING PARTICIPATION IN SAID HORSE SHOW.

OWNER/AGENT

PARENT/GUARDIAN OF MINOR

EXHIBITORS

IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY

CLASSES ENTERED

PRINT NAME:

\_\_\_\_\_

YOUTH, ENTER **BIRTH DATE & ID #**

EXHIBITOR CITY/STATE

AMATEUR, ENTER **BIRTH DATE & ID#**

RELATIONSHIP TO OWNER OF HORSE: \_\_\_\_\_

TRAINER  
APHA ID # \_\_\_\_\_

EXHIBITORS

IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY

CLASSES ENTERED

PRINT NAME:

\_\_\_\_\_

YOUTH, ENTER **BIRTH DATE & ID #**

EXHIBITOR CITY/STATE

AMATEUR, ENTER **BIRTH DATE & ID#**

RELATIONSHIP TO OWNER OF HORSE: \_\_\_\_\_

TRAINER  
APHA ID # \_\_\_\_\_

***PLEASE BE SURE TO  
COMPLETE FORM***