	person who will be paying this SE INFORMATION As it a	s horses fees:	License/Registration P	apers			Grand Nationa October 17-20, 20 ⁻ Cow Palace, San Francisco, C	13	
Registere	d Name:	Breed Registry #:				Foal Year: Sex:		3 S	
Breed:	Sire:	Sire:				Trainer:	Trainer	Trainer Cell #:	
OWN	ER INFORMATION as a	ppears on Registration Pap	ers						
Name		NRCHA#	Exp. Date	Exp. Date AQHA#		Cell P	hone# E-Mail A	E-Mail Address; REQUIRED! I	
Owner									
Co-Owne	er								
Address:			City, State, Zip:				SSN or TIN for winnings:		
EXHIBITOR INFORMATION **Date of Birth required for youth exhibitors only						SSN or TIN Must Be On File To Receive Payout Checks			
	RIDER #1			RIDER	#2		Class Fees Rider 1: \$		
Name:		DOB:	Name:	Name: DO			Class Fees Rider 2: \$		
NRCHA#	Exp. Date:	[]NP[]	outh NRCHA#	A# Exp. Date:		NP []Youth	Office Fee: \$10.00		
AQHA#	Exp. Date:	[]Nov. []Youth [i i]Youth []Am.	\$25 per horse entry is		
Relationship to Owner:				hip to Owner:		110001 []7011.	Late Entry Fee \$	postmarked after 10/5	
Class# Class Name		Class I		Class# Class Na		Class Fee	Haul In Fee: \$	\$25, if not getting a stall	
Olacon.	Oldoo Italiio	0,000	oo oladon	Class Hair	10	01000 1 00	AQHA Fee\$4: \$	Perjudge, AQHA Entries Only	
							California Drug Fee: \$ 5.00 Stall Fee	**See Below	
							TOTAL AMOUNT DUE \$		
							TOTALAMOUNT DOL \$	CK#	
							** Stalls are \$65 for one night, \$100 for 2-3 nights & include 2 bags of shavings. Please use the attached stall form to reserve your stalls.		
	Total class fees f	or this Exhibitor		Total class fees for this Exhibitor			Include the following items with your completed		

THIS RELEASE OF LIABILITY MUST BE SIGNED BEFORE YOU ARE ALLOWED TO SHOW YOUR HORSE

In consideration of the acceptance of this entry, I(we) hereby enter this horse at my (our) own risk, and am/are subject to the rules and regulations of the Cow Palace, and AQHA. I hereby release the State of California, and the AQHA and all management &/or employees from any claim or loss to myself (ourselves), employees, horses, and/or equipment, nor will I(we) make any claim against them. I(we) assume responsibility for all actions of horses, employees, and members of our family while exhibiting at this competition.

Exhibitor Signature (if exhibitor is a minor, Parent or Guardian must sign)

Relationship to minor, if applicable

Date

[] Copy of Owner & Exhibitor's Current Membership Card(s)

Grand National Horse Show Attn: Shawn Martin

29218 N 51st Pl.

Cave Creek, AZ 85331

Copy of Horse's Registration Papers

If you have questions you can contact:

Wendy Wedemeyer@ (209) 769-7065 E-Mail:wedemeyer4@aol.com Shawn Martin @ (480) 515-1453 Fax: (480) 515-1496

E-Mail: shawnee71@msn.com (Best method)