Equine Events, LLC
Nicholasville, KY (859) 887-0033

SHOW TAB

Signed check must be attached

Back # _____

Name_____
(Person responsible for tab)
Address_____
_____ Zip _____
Phone (____) _____ Email: _____

Horse Name_____
(Registration papers must be presented)
Breed Reg. #_____ Comp. Lic. #_____
Sex_____ Year Foaled _____

Owner(s) _____
(Exactly as appears on registration papers)
Address _____
City, State_____ Zip _____
Phone (____) _____
Assn. ID #_____ Exp. Date _____
NRHA /NSBA #_____ Exp. Date _____

Exh. #1
Name_____ Relation _____
Address_____
City, State_____ Zip_____
Phone (_____) _____
Birth Date _____ Open AM / NP Youth Level 1
Assn. ID #_____ Exp. Date_____
NRHA/NSBA# _____ Exp. Date_____

Exh. #2
Name_____ Relation_____
Address_____
City, State_____ Zip_____
Phone (_____) _____
Birth Date _____ Open AM / NP Youth Level 1
Assn. ID #_____ Exp. Date_____
NRHA/NSBA# _____ Exp. Date_____

Exh. #3
Name_____ Relation _____
Address_____
City, State_____ Zip_____
Phone (_____) _____
Birth Date _____ Open AM / NP Youth Level 1
Assn. ID #_____ Exp. Date_____
NRHA/NSBA# _____ Exp. Date_____

Exh #	Class #	Name of Class	CHECK DAY 1	2	3	4	5	Total Fees
Stalls or Grounds Fee		**@ $**						
Schooling Fee		**@ $**						
Bedding		**@ $**						
Camper Hookup		**@ $**						

AGREEMENT AND WAIVER - MUST BE SIGNED - I hereby enter the above horse at my own risk and subject to all rules and regulations of the show. I further agree that if any damages occur or loss is incurred to the horse exhibited or any articles are lost or damaged, I will take no claim against the horse association, the show management, the show grounds and/or its owners, employees, and/or representatives.

Signature _____ Date _____

Rec'd by _____ **Ck #** _____ **Date** _____ **Amount $**_____