

OAQHA VRH SHOW ENTRY FORM

BACK #

Horse Name: _____ **Neg. Coggins** _____ **Registration #** _____ **Year Foaled** _____ **Sex** _____

Tab Name: _____ **Phone #:** _____ **Email:** _____

Copy of Registration Papers, Coggins & Membership card MUST accompany this form

Stalls _____ **Stall Total** _____ **Class Total** _____

Show Manager Lindsay Hill 405-414-1334

Tab Paid _____ **Cash** _____ **Check #** _____ **Tab Total** _____

Owner Information

Open **Name:** _____

Amateur **Address:** _____

Youth **City:** _____ **St:** _____ **Zip:** _____

AQHA#: _____ **Expiration:** _____

Relationship to Owner: _____

Mark all that apply to horse exhibited

Open Division

<input type="checkbox"/> AQHA VRH Cow Work	<input type="checkbox"/> AQHA VRH Ranch Reining
<input type="checkbox"/> AQHA VRH Conformation	<input type="checkbox"/> AQHA VRH Ranch Cutting
<input type="checkbox"/> AQHA VRH Ranch Trail	<input type="checkbox"/> AQHA Special Event Ranch Trail
<input type="checkbox"/> AQHA VRH Ranch Riding	<input type="checkbox"/> AQHA Special Event Ranch Riding

Open/All Breed

<input type="checkbox"/> VRH Cow Work	<input type="checkbox"/> VRH Ranch Reining
<input type="checkbox"/> VRH Conformation	<input type="checkbox"/> VRH Ranch Cutting
<input type="checkbox"/> VRH Ranch Trail	
<input type="checkbox"/> VRH Ranch Riding	

Exhibitor #1 Information:

Open **Name:** _____

Amateur **Address:** _____

Youth **City:** _____ **St:** _____ **Zip:** _____

AQHA#: _____ **Expiration:** _____

Relationship to Owner: _____

Amateur _____ Limited Amateur _____ Rookie Amateur

<input type="checkbox"/> AQHA VRH Cow Work	<input type="checkbox"/> AQHA VRH Ranch Reining
<input type="checkbox"/> AQHA VRH Conformation	<input type="checkbox"/> AQHA VRH Ranch Cutting
<input type="checkbox"/> AQHA VRH Ranch Trail	<input type="checkbox"/> AQHA Special Event Ranch Trail
<input type="checkbox"/> AQHA VRH Ranch Riding	<input type="checkbox"/> AQHA Special Event Ranch Riding

Exhibitor #2 Information:

Open **Name:** _____

Amateur **Address:** _____

Youth **City:** _____ **St:** _____ **Zip:** _____

AQHA#: _____ **Expiration:** _____

Relationship to Owner: _____

Youth _____ Limited Youth _____ Rookie Youth

<input type="checkbox"/> AQHA VRH Cow Work	<input type="checkbox"/> AQHA VRH Ranch Reining
<input type="checkbox"/> AQHA VRH Conformation	<input type="checkbox"/> AQHA VRH Ranch Cutting
<input type="checkbox"/> AQHA VRH Ranch Trail	<input type="checkbox"/> AQHA Special Event Ranch Trail
<input type="checkbox"/> AQHA VRH Ranch Riding	<input type="checkbox"/> AQHA Special Event Ranch Riding

Exhibitor #3 Information:

Open **Name:** _____

Amateur **Address:** _____

Youth **City:** _____ **St:** _____ **Zip:** _____

AQHA#: _____ **Expiration:** _____

Relationship to Owner: _____

Upon entering, I hereby agree & release this Show, sponsors, staff, facility, show management, OAQHA, OQHA, AQHA & CSC from any liability, claim or right to damages to myself, dependents, employees, horse(s) and equipment. I also accept responsibility for fees.

Mail form along with copies of registration papers, negative Coggins, and Membership card to Lindsay Hill 5412 E 110th St., Tulsa, OK 74137 by May 1st, 2024. After May 1st please email to sammy.obrien@gmail.com

Signature: _____