

SHOW TAB SHEET

BACK # _____

**A Signed Check MUST
BE LEFT!**

Circle one: Mare Gelding Stallion ROM Yr Earned _____
Horse's Name Exactly as it appears on Registration

Make checks payable to:

Horse's Name _____

TPHC

Year Foaled _____ Registration # _____

Owner _____ APHA # _____ ExpDate _____

City _____ State _____ Zip _____

#1 Exhibitor Information- EXACTLY as listed on your APHA Card

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____

Relationship to Owner _____

#2 Exhibitor Information - EXACTLY as listed on your APHA Card

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____

Relationship to Owner _____

#3 Exhibitor Information - EXACTLY as listed on your APHA Card

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____

Stalled with _____	Responsible Party _____
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Horse Stall _____
Tack Stall _____
Shavings _____
Hook up _____
Check # _____

AGREEMENT AND WAIVER - MUST BE SIGNED

Under Tennessee Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20. By my signature below, either written or typed, that I acknowledge the above information and agree to hold the Tennessee Paint Horse Club, or Kay Kass, ESS Special Events, harmless from any liability resulting from said equine activities

Signature of Participant _____ **Date** _____

Cell phone of participant AT THE SHOW _____