

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 _____ APHA # _____ AQHA # _____

Owner _____ APHA # _____ ExpDate _____

City _____ State _____ Zip _____

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

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Exp Date _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

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

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Exp Date _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

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

Circle One Open Nov AM Am Youth Yth WT Nov YTH

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

APHA Card # _____ Exp Date _____ Exp Date _____

AQHA Card # _____ Exp Date _____

Responsible Party _____
Stalled with _____

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

Signature of Participant _____ **Date** _____

Cell phone of participant AT THE SHOW _____