TPHC Music City Classic Entry Form May 11-12, 2024

| Circle One: Mare Gelding Stallion | | D. GIA | | |
|---|------------------|--------------------------|--------------|--|
| Horse's Name: | nve Ligit | BACK # | | |
| Year Born: APHA Registration #: | | | | |
| Owner/Lessee: | | Exp// | | |
| Address: | NSBA #: _ | Exp/ | | |
| | be | CLASS & PARK OF CLAS | | |
| SSN or EIN: | | | | |
| YOUTH Information - EXACTLY as it is listed on your card (Exhibitor #1) | | | | |
| Exhibitor's Name Birthday:/ | | | | |
| Address:City/State/Zip: | | | | |
| APHA # Exp Date:/ Add'l Exp Date:/_ | | | | |
| | (C. (1) - 1) - 1 | | | |
| PhoneEmail | | | | |
| | | | | |
| AMATEUR/MASTERS Information - EXACTLY as it is listed on your card (Exhibitor #2) | | | | |
| Exhibitor's Name | | Birthday:/ | | |
| Address:City/St | ate/Zip: | | | |
| APHA = Exp Date:/ Add'l Exp Date:/ | _/ | (For Nov, Am, W/T Cards) | | |
| | | | | |
| PhoneEmail | | | | |
| Type of APHA Card: Amateur Novice Walk-Trot Relationship to owner: | | | | |
| OPEN Exhibitor # 1 Information - EXACTLY as it is listed on your card (Exhibitor #3) | | | | |
| Exhibitor's Name | | | | |
| Address:City/State/Zip: | | | | |
| APHA # Exp. Date:/ NSBA Card# | | _ Exp. Date:/ | | |
| | | | | |
| PhoneEmail | | | | |
| OPEN Exhibitor # 2 Information - EXACTLY as it is listed on your card (Exhibitor #4) | | | | |
| Exhibitor's Name | | | | |
| Address: City/St | ate/Zip: | | =_ | |
| APHA # Exp. Date:/ NSBA Card# | | _ Exp. Date:// | | |
| | | | - Territoria | |
| Phone Email Presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure to sign an entry form, then first entry of | | | | |
| horse or an exhibitor into the show ring shall be deemed to be acceptance of Premium Book and current APHA Rule Book, NSBA, and NRHA rules. I certify that all information submitted is correct, that I have read the rules for the APHA World Championship Show and that all horses and exhibitors are eligible for all classes and divisions entered. Horses are entered at your own risk and are subject to APHA rules, under which this show will be conducted. In case of death, accident, injury or theft to the exhibitor, family, horses or property, no claims will be honored against the APHA and/or all those associated. | | | | |
| SIGNATURE OF PARTICIPANT: ON WOULD GROUP BOUNDED TO WOLLD | | | | |
| CELL PHONE of participant AT THE SHOW: | | | | |

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| # Horse Stalls Stall With | | | | |
|---|---|----------------------------|--|--|
| # Shavings(\$9/bag – 2 bag min REQUIRED) # Tack stall If sharing, list here: | | | | |
| CLASS# | NAME OF CLASS | EXHIBITOR NAME | | |
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Email entries to Show Secretary Rachel Delcher at delcherr@gmail.com or bring in person to the show

Show office will be open Friday from 4-8pm