

SUMMER SIZZLE

3 JUDGE YOUTH/AMATEUR & 4 JUDGE POR

July 16-18, 2010

**SEND ENTRIES TO: GLADYS GILBERTSON
6055 BUENA VISTA DR., PASO ROBLES, CA 93446
OR FAX TO: (805) 238-2701 SEND NO MONEY**



**AMATEURS MUST HAVE PROOF
OF OWNERSHIP AND SHOW A
CURRENT AMATEUR NUMBER**

STALL: YES CK# _____ NO _____

NAME OF HORSE	REG #	YEAR	CIRCLE SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> STALLION MARE GELDING

OWNERS NAME AS ON PAPERS	ADDRESS		
<input type="text"/>	<input type="text"/>		
CITY	STATE	ZIP	PHONE # WITH AREA CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIRE'S NAME/REG #	DAM'S NAME/REG #
<input type="text"/>	<input type="text"/>

I DO HEREBY CONSENT AND AGREE THAT THE SPONSORING ASSOCIATION AND ANY COOPERATIVE PERSON OR GROUPS SHALL NOT BE HELD RESPONSIBLE FOR LOSS, DAMAGE AND/OR LIABILITY SUSTAINED OR SUFFERED WHILE ON THE SHOW GROUNDS OR DURING PARTICIPATION IN SAID HORSE SHOW.

_____ OWNER/AGENT	_____ PARENT/GUARDIAN OF MINOR
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EXHIBITORS IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY PRINT NAME: _____ YOUTH, ENTER BIRTH DATE & ID # _____ AMATEUR, ENTER BIRTH DATE & ID# _____	CLASSES ENTERED _____ _____ _____ EXHIBITOR CITY/STATE _____ RELATIONSHIP TO OWNER OF HORSE: _____ TRAINER APHA ID # _____
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EXHIBITORS IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY PRINT NAME: _____ YOUTH, ENTER BIRTH DATE & ID # _____ AMATEUR, ENTER BIRTH DATE & ID# _____	CLASSES ENTERED _____ _____ _____ EXHIBITOR CITY/STATE _____ RELATIONSHIP TO OWNER OF HORSE: _____ TRAINER APHA ID # _____
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Web sites 8oaksshowservices.com
showmyhorse.com

<p><u>Which club do you belong 2009?</u> NCPHC,SPHC,CPHA,SJPHC,GSPHC, CCPHC,GLAPHC,SCPHC,TMVPHC</p>
