

Email to: mbarkr@gvtc.com or
 Mail to: 1619 Desert Gold
 Boerne, TX 78006
 With copy of Horse papers

DEEP SOUTH ZONE 6 OFFICIAL ENTRY FORM ZONE A RAMA

Back Number

 Reg # _____ Horse Name _____ Yr Foaled _____ Sex _____

Owner _____ Full Address _____ City, ST, Zip _____
 (exactly as listed on papers)

| | Exhibitor 1 | Exhibitor 2 | Exhibitor 3 | Exhibitor 4 |
|------------------------|-------------|-------------|-------------|-------------|
| Exhibitor Name | _____ | _____ | _____ | _____ |
| Exhibitor Address | _____ | _____ | _____ | _____ |
| APHA Memb #/Ex Date | _____ | _____ | _____ | _____ |
| Am/Y Exp Date | _____ | _____ | _____ | _____ |
| Am/Y Novice Codes | _____ | _____ | _____ | _____ |
| Am/Y D.O.B | _____ | _____ | _____ | _____ |
| Am/Y Relation to Owner | _____ | _____ | _____ | _____ |

| Class # | Class Name | Exhibitor | | Class # | Class Name | Exhibitor |
|---------|------------|-----------|--|---------|------------|-----------|
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |
| _____ | _____ | _____ | | _____ | _____ | _____ |

| | | |
|--|--|---|
| Owner/Agent/Trainer _____ Phone Number (A/C): _____ Fax Number (A/C): _____ E-Mail Address: _____ | Stall Y or N # nites _____ Tack Stall # nites _____ RV # nites _____ Shavings # bags _____ | 12 Month Coggins; Accession # _____ Date Reported _____ |
|--|--|---|

DISCLAIMER: Under Louisiana Law, an Equine Sponsor or 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 R.S. 9:2795.1.1

Owner/Agent _____ Date _____