

Email to: allencarmen@netzero.net
 Mail to: Carmen Lay
 436 Bragg Ave. Smyrna, TN 37167
 With copy of Horse papers

DEEP SOUTH ZONE 6 OFFICIAL ENTRY FORM ZONE O 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	Added money class info:
Exhibitor Name	_____	_____	_____	Payee: _____
Exhibitor Address	_____	_____	_____	Payee's SSN: _____
APHA Memb #/Ex Date	_____	_____	_____	Address: _____
Am/Y Exp Date	_____	_____	_____	_____
Am/Y Novice Codes	_____	_____	_____	Phone#: _____
Am/Y D.O.B	_____	_____	_____	Info must be complete to receive ck
Am/Y Relation to Owner	_____	_____	_____	

Class #	Class Name	Exhibitor		Class #	Class Name	Exhibitor
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

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

DISCLAIMER: Under Mississippi 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. Title 95, chapter 11

Owner/Agent _____ Date _____