

HOPE SHOW TAB

COMPLETE IN FULL &
PRESENT REGISTRATION
PAPER(S) AND VALID
MEMBERSHIP CARD(S)

RESPONSIBLE PARTY

Name: _____

Rel to Owner _____

Address: _____

Phone: _____

City: _____

State: _____ Zip: _____

BACK NUMBER: _____

Open use #400-499 PtHA use #500-599 ARHA use # 900-999

Palomino Bred use #600-699 NASMDA use # 800-899

Not all choices are available.

Horse's Registered Name: _____

Sex: S M G Year Foaled: _____ Registration # & Assoc.: _____

Owner's Name: _____

City: _____ State: _____

Association(s) Entered: PHBA ARHA PtHA NASMDA OPEN

Owner's Number(s): _____ Expiration Date(s): _____

Exhibitor #1 Type of Card Open Amateur Youth DOB: _____

Name: _____ Rel to Owner _____

Assoc. ID Number: _____ Expiration Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Exhibitor #2 Type of Card Open Amateur Youth DOB: _____

Name: _____ Rel to Owner _____

Assoc. ID Number: _____ Expiration Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Classes Entered by Class #

Classes Entered by Class #

If extra entry space is needed, please write them on the back of page.

By the act of entering this show, owners, lessees, and exhibitors agree that PHBA, APHA, PtHA, Heart O'Dixie Palomino Exhibitors (HOPE), ARHA, NASMDA, the show grounds and the show committee/ personnel will not be held responsible for loss, injury, damage or debts in connection with this show. I understand that under Mississippi law, an equine activity or equine sponsor is not liable from any injury to or the death of any participant in equine activities resulting from the inherent risk of equine activities, pursuant to this act. (Section 95-11-1; Mississippi Code of 1972)

Covid 19 addendum: HOPE and the show grounds have put preventive measures in place due to the spread of Covid-19, however attending an event could increase your risk of contracting COVID-19. By entering the facility, you voluntarily assume all risk and agree that you will not hold HOPE, the facility, show committee/personnel, and all other associations liable for any resulting illness or injury.

Printed Name: _____

Signature: _____ Date: _____

Number of Stalls: _____ Ground Fees: _____ Association Fees: _____

Pattern Book: _____ Check Number: _____