

# Nevada Paint Horse Club

# Back # Assigned By Office

**Send Entry to:** 775-867-4441 - entry fax  
Roy Bock 775-867-4440 - information  
4520 Alcorn Road  
Fallon, Nevada 89406

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

OWNERS NAME (AS SHOWN ON APHA 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, the Nevada Paint Horse Club, 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. By signing this release, I act as an agent for any horse I exhibit during any Nevada Paint Horse Club show.

<input checked="" type="checkbox"/> OWNER/AGENT	<input checked="" type="checkbox"/> PARENT/GUARDIAN OF MINOR
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*IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY*

<b>EXHIBITOR 1</b>	<b>CLASSES ENTERED</b>
PRINT <u>EXHIBITOR NAME</u> :	_____
_____	_____
IF <u>EXHIBITOR</u> is a YOUTH, PRINT <u>BIRTH DATE</u> & APHA Yth ID #	_____
_____	_____

IF <u>EXHIBITOR</u> is an AMATEUR, PRINT <u>APHA AMATEUR ID #</u>	EXHIBITOR CITY/STATE: _____
_____	RELATIONSHIP TO OWNER OF HORSE: _____

*IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY*

<b>EXHIBITOR 2</b>	<b>CLASSES ENTERED</b>
PRINT EXHIBITOR NAME:	_____
_____	_____
IF <u>EXHIBITOR</u> is a YOUTH, PRINT <u>BIRTH DATE</u> & <u>APHA Yth ID #</u>	_____
_____	_____

IF <u>EXHIBITOR</u> is an AMATEUR, PRINT <u>APHA AMATEUR ID #</u>	EXHIBITOR CITY/STATE: _____
_____	RELATIONSHIP TO OWNER OF HORSE: _____

*IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY*