## 74<sup>th</sup> NATIONAL APPALOOSA SHOW

July 2nd Sulphur Springs, TX

| Exhibitor Number - For Office Use Only                                                          |                                                    | OFFICIAL CUTTING ENTRY FORM Incomplete Entry Forms will not be accepted. Sign bottom of form. |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                      |  |
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|                                                                                                 | Horse's Name                                       |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                      |  |
| If entering a horse whose registration is pen                                                   | ding, please list sire and dar                     | m names under registration numbe                                                              | er.                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                      |  |
| Class Number                                                                                    | Class Name                                         | Exhibit                                                                                       | torName                                                                                                                                                                                                                                                                                                                                                                                            | Membership Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Class Fee                                                            | Equip./Cattle Fee                                                                    |  |
| 1                                                                                               |                                                    |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                   | \$                                                                                   |  |
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| ). <sub></sub>                                                                                  |                                                    |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                   | \$                                                                                   |  |
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| Entry Deadline: Entries submitted in processed at pre-entry prices. All e class post entry fee. | n writing must be in the Antries received or proce | ApHC office no later than <b>Jun</b><br>ssed after thi <b>s</b> date will be as               | <b>le 22, 2022</b> , to be ssessed a \$40.00/                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Fee                                                            | \$                                                                                   |  |
| * A one-time fee of \$50 per horse is as payment of this fee if the horse is entered            | sessed to cover the cost of                        | drug testing and office costs. It is                                                          | s not necessary to repeat                                                                                                                                                                                                                                                                                                                                                                          | add \$50 Administrative/Drug Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | once per horse *                                                     | \$                                                                                   |  |
| payment or this fee it the norse is entered                                                     | a in more man one class or                         | division.                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Charge                                                         | s \$                                                                                 |  |
|                                                                                                 |                                                    |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Master Card □ Discover E RCHARGE WILL BE ADDED TO ALL CREDIT CARD TRANSAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | /                                                                                    |  |
| Owner's Name                                                                                    |                                                    |                                                                                               | Card Number                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CVV C                                                                | 0009 0000                                                                            |  |
| ApHC Membership Number                                                                          |                                                    | Phone Number                                                                                  | <br>Cardholder Name                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                      |  |
| Street Address                                                                                  |                                                    |                                                                                               | Caranolaer Name                                                                                                                                                                                                                                                                                                                                                                                    | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                      |  |
|                                                                                                 |                                                    |                                                                                               | Billing Address                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                      |  |
| City                                                                                            |                                                    | State ZIP                                                                                     | Cardholder Phone                                                                                                                                                                                                                                                                                                                                                                                   | e Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                      |  |
| Exhibitor's Name                                                                                |                                                    |                                                                                               | Cardholder Signa                                                                                                                                                                                                                                                                                                                                                                                   | ature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                      |  |
|                                                                                                 |                                                    |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | aloosa Horse Club Release, Assumption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                      |  |
| ApHC Membership Number                                                                          |                                                    | Phone Number                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    | document waives important legal rights. R<br>rtify that every horse, owner and exhibitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                                                                    |                                                                                      |  |
| Street Address                                                                                  |                                                    |                                                                                               | paloosa Horse Cl<br>printed in this Co                                                                                                                                                                                                                                                                                                                                                             | lub Entry Agreement and Release, Assump<br>ompetition premium book and agree to a<br>nis Competition, the owner and any of his                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | otion of Risk, Waive<br>II of its provisions.                        | r and Indemnification as<br>I understand and agree                                   |  |
| City                                                                                            |                                                    | State ZIP                                                                                     | rules and the rules<br>mittee and/or Dis                                                                                                                                                                                                                                                                                                                                                           | d the horse shall be subject to and bound<br>s of this Competition and will accept as<br>sciplinary Committee on any question arisi<br>to the Appaloosa Horse Club (ApHC), th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | final the decision o<br>ng under said rules                          | f the show Protest Com-<br>and agree to indemnify                                    |  |
| Trainer's Name                                                                                  |                                                    |                                                                                               | employees, indep<br>Bureau, the host for any action take                                                                                                                                                                                                                                                                                                                                           | pendent contractors, agents, personnel, vo<br>facility, trade show vendors, sponsors and<br>ten. I agree that any actions against the A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | plunteers, the host ci<br>l/or other sponsoring<br>pHC must be broug | ity Convention & Visitors<br>ng organizations, if any,<br>ght in the state of Idaho. |  |
| ApHC Membership Number                                                                          |                                                    | Phone Number                                                                                  | Presentation of a signed entry form shall be deemed acceptance of these rules and all other rules pertaining to this show. In the event of failure to sign an entry form, the first entry in a class will be deemed acceptance of said rules. BY SIGNING BELOW, I AGREE to be bound by all applicable Appaloosa Horse Club rules and all terms and provisions of this entry blank and Competition. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                      |  |
| Street Address                                                                                  |                                                    |                                                                                               | 2.22 2.00 10.00 (                                                                                                                                                                                                                                                                                                                                                                                  | The second of th |                                                                      |                                                                                      |  |
| City                                                                                            | ·-                                                 | State ZIP                                                                                     | Signature of owner                                                                                                                                                                                                                                                                                                                                                                                 | er, parent, guardian or agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                      |  |