



**National Snaffle Bit Association**  
Dual Approved Class Entry Blank



Back Number  
FOR OFFICE USE ONLY

Horse's Name: \_\_\_\_\_

ApHC Registration #: \_\_\_\_\_ NSBA Registration #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's NSBA Membership #: \_\_\_\_\_

Horses must be registered with NSBA. Owners & exhibitors must be NSBA members. NSBA applications and fees must be sent directly to NSBA.

**SEE SHOW SCHEDULE FOR NSBA DUAL APPROVED CLASSES** *(Points only, no payout)*

*All horses competing in any NSBA class (including dual-approved classes) are required to be registered with NSBA in the current owner's name.*

*NOTE: NSBA dual-approved option is not available in ApHC Limited Classes at this time. If only entering limited, do not enter NSBA. If entering in open and limited in the same class, you have the option to dual-enter NSBA in the open portion of the class only.*

<u>Class Number</u>	<u>Class Name</u>	<u>Exhibitor Name</u>	<u>Exhibitor ApHC #</u>	<u>Exhibitor NSBA #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

**Entry Fees — \$20 per class—NO LATE FEES!** *Make all checks for entries payable to the ApHC*

\_\_\_\_\_ x \$20 = \_\_\_\_\_  
(# of NSBA Classes) (Entry Fees)

**ENTER ONLINE** OR  
**FAX TO:** (208) 882-8150 OR  
**MAIL TO:**  
2720 W Pullman Rd  
Moscow, ID 83843 OR  
**EMAIL TO:** showsecretary@appaloosa.com

Check\*    VISA    MasterCard    Discover    American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_  
(A 3% CREDIT CARD SURCHARGE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS)

\* Make all checks payable  
to the Appaloosa Horse  
Club

Cardholder's Name \_\_\_\_\_ Cardholder's Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Cardholder's Email Address: \_\_\_\_\_