



OFFICIAL OPEN ENTRY FORM

OCTOBER 27—NOVEMBER 4, 2023

FORT WORTH, TEXAS

Exhibitor Number— For Office Use Only	Horse's Name: _____ ApHC Registration Number: _____
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Class #	Open Div.	Lmtd. Div.	Class Name	Exhibitor Name	ApHC Member #	Class Fee	Equip./Cattle Fee
1.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____	\$ _____

Entry Deadline: Hard copy entries must be received in the ApHC office no later than **September 29, 2023** to be processed at pre-entry prices. Online entries must be submitted no later than **October 4, 2023** to be processed at pre-entry prices. All entries received or processed after these dates will be assessed a \$40/class post entry fee.

*A one-time fee of \$50 per horse is assessed to cover the cost of drug testing and office costs. It is not necessary to repeat the payment of this fee if the horse is entered in more than one class.

Make checks payable to: Appaloosa Horse Club Mail to: Appaloosa Horse Club • 2720 W. Pullman Rd • Moscow, ID 83843 OR	FAX to (208) 882-8150 OR Email to showsecretary@appaloosa.com
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Total _____ + _____
Total Fees \$ _____
Add \$50 Administrative/Drug Fee once per horse* \$ _____
Total Charges \$ _____

Owner's Name: _____

ApHC Membership # _____ Phone Number _____

Street Address _____

City _____ State _____ ZIP _____

VISA Master Card Discover American Express EXP Date: ___/___/___

Card Number _____ CVV Code _____

Card Holder Name _____

Billing Address _____

Exhibitor's Name: _____

ApHC Membership # _____ Phone Number _____

Street Address _____

City _____ State _____ ZIP _____

Cardholder Phone Number _____

Cardholder Signature _____

Appaloosa Horse Club Release, Assumption of Risk, Waiver and Indemnification
This document waives important legal rights. Read it carefully before signing.

I (We) hereby certify that every horse, owner and exhibitor is eligible as entered. I have read the Appaloosa Horse Club Entry Agreement and Release, Assumption of Risk, Waiver and Indemnification as printed in this Competition premium book and agree to all of its provisions. I understand and agree that by entering this Competition, the owner and any of his representatives, agent, trainer, lessee, rider, driver, handler and the horse shall be subject to and bound by the Appaloosa Horse Club by-laws and rules and the rules of this Competition and will accept as final the decision of the show Protest Committee and/or Disciplinary Committee on any question arising under said rules and agree to indemnify and hold harmless the Appaloosa Horse Club (ApHC), the Competition, officials, officers, directors, employees, independent contractors, agents, personnel, volunteers, the host city Convention & Visitors Bureau, the host facility, trade show vendors, sponsors and/or other sponsoring organizations, if any, for any action taken. I agree that any actions against the ApHC must be brought in the state of Idaho. 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.

 Signature of owner, parent, guardian, or agent

Trainer's Name: _____

ApHC Membership # _____ Phone Number _____

Street Address _____

City _____ State _____ ZIP _____