



OFFICIAL OPEN ENTRY FORM

JUNE 26—JULY 3, 2025

OKLAHOMA CITY, OK

Exhibitor Number— For Office Use Only

Horse's Name: _____ ApHC Registration Number: _____

Class #	Open Div.	Lmt'd. 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 **May 31, 2025** to be processed at pre-entry prices. Online entries must be submitted no later than **June 6, 2025** to be processed at pre-entry prices. All entries received or processed after this date will be assessed a \$50/class post entry fee.

Total _____ + _____

Total Fees \$ _____

**A one-time fee of \$60 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.*

Add \$60 Administrative/Drug Fee once per horse* \$ _____

Make checks payable to: Appaloosa Horse Club

FAX to (208) 882-8150 OR

Total Charges \$ _____

Mail to: Appaloosa Horse Club • 2720 W. Pullman Rd • Moscow, ID 83843 OR

Email to showsecretary@appaloosa.com

Owner's Name: _____

☐ VISA ☐ Master Card ☐ Discover ☐ American Express

(A CREDIT CARD FEE OF 3.5% TO 4.5% WILL BE APPLIED TO ALL CREDIT CARD TRANSACTIONS)

EXP Date: ____/____/____

ApHC Membership # _____

Phone Number _____

Card Number _____

CVV Code _____

Street Address _____

Card Holder Name _____

City _____

State _____

ZIP _____

Billing Address _____

Exhibitor's Name: _____

Cardholder Phone Number _____

ApHC Membership # _____

Phone Number _____

Street Address _____

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.

Trainer's Name: _____

Signature of owner, parent, guardian, or agent _____

ApHC Membership # _____

Phone Number _____

Street Address _____

City _____

State _____

ZIP _____