Date: _____

PtHA ENTRY FORM

APHA/PtHA Color Collaboration
Cobleskill, NY

Back #

NAME OF HORSE: _____

Registration # _____ **Year Foaled:** _____ **(Circle One) STALLION MARE GELDING**

Owner Name: _____ **Owner PtHA #** _____ **Street Address:**_____ **City:**_____

State: _____ **Zip:** _____ **Phone#:** _____ **Email:** _____

Use a second form if more than three exhibitors on the same horse and/or more than 14 classes for one exhibitor

EXHIBITOR #1

Name: _____

City/State:_____

PtHA # _____ Exp:_____

DOB:___/____/_____ Age as of Jan 1st _____

Type Membership: (Circle One):

Open Am. Nov. Am. Am. W/T
Youth Nov. Youth Youth W/T

Relationship: _____

Class #	Class Name:

EXHIBITOR #2

Name: _____

City/State:_____

PtHA # _____ Exp:_____

DOB:___/____/_____ Age as of Jan 1st _____

Type Membership: (Circle One):

Open Am. Nov. Am. Am. W/T
Youth Nov. Youth W/T

Relationship: _____

Class #	Class Name:

EXHIBITOR #3

Name: _____

City/State:_____

PtHA # _____ Exp:_____

DOB:___/____/_____ Age as of Jan 1st _____

Type Membership: (Circle One):

Open Am. Nov. Am. Am. W/T
Youth Nov. Youth W/T

Relationship: _____

Class #	Class Name:

In accepting my entry, I hereby release the sponsor, their officers, members and co-sponsors at this show from any claim or right of damages, which may occur to me or my horse. I also assume and accept full responsibility for any damages done by me or my horse at this show.

Owner/Exhibitor Signature (required): _____