

Responsible Party \_\_\_\_\_  
(Name of Person Paying the tab)

Official Use

**HORSE INFORMATION**

Registered Name \_\_\_\_\_ Registration # \_\_\_\_\_ Sex M G S Year Foaled \_\_\_\_\_

**OWNER INFORMATION**

Owner Name \_\_\_\_\_ APHA/AQHA # \_\_\_\_\_ Exp \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Exhibitor # 1 Open -** Name \_\_\_\_\_ APHA/AQHA # \_\_\_\_\_ Exp \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Exhibitor # 2 Amateur -** Name \_\_\_\_\_ D.O.B \_\_\_\_\_

APHA/AQHA # \_\_\_\_\_ Exp \_\_\_\_\_ Additional Exp \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Exhibitor # 3 Youth -** Name \_\_\_\_\_ D.O.B \_\_\_\_\_

APHA/AQHA # \_\_\_\_\_ Exp \_\_\_\_\_ Additional Exp \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

Exh #	Class #	Class Name	Exh #	Class #	Class Name

**Please send completed form and papers to:**

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