

# Partners For Progress

**Back #** \_\_\_\_\_

## Exhibitor Entry Card

Exhibitor Name: \_\_\_\_\_ AQHA #: \_\_\_\_\_ Horse Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ NSBA #: \_\_\_\_\_ Horse Owner: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Coggins #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I enter the above horse at my own risk and subject to the rules under which these classes will be conducted. I agree that in case of loss or injury involving either my horse or participant, I will make no claim whatsoever, either against Partners For Progress, NFP, NSBA, AQHA, WQHA its officers, members, or any other individuals connected with it, as well as the owners of the show grounds from any damages done by me or my horse at this show.

\_\_\_\_\_  
 Exhibitor signature                      date                      Parents or Guardian signature (if under 18 years old)

**\*\* Circle Classes Entered\*\***

Open Classes: \$6 each		
1	24	50
2	25	51
3	26	58
4	31	61
6	32	66
7	37	
8	40	
13	43	
16	44	
17	45	
20	46	
21	47	

AQHA Classes: \$10 each		
9	48	
10	49	
11	54	
12	55	
29	59	
30	60	
35	62	
36	63	
38		
39		
41		
42		

Therapeutic Classes: \$6 each	
14	
15	
18	
19	
22	
23	

EWD Classes AQHA Classes: \$10 each	
5	
27	
28	
33	
34	
52	
53	
56	
57	
64	
65	

Open/ Therapeutic	\$6.00	=			
AQHA	\$10.00 x	=			
Stall	\$20.00 x	=			
Office Charge			\$2.00		
Shavings	\$7.00 x	=			
Total			\$		

Camping:	\$30.00 x		nights
*** Make Camping checks payable to "Walworth County Fair"			
Stall Numbers: _____			
Cash		Check #	