Horse:				Reg Num:		Year Foaled:		Sex:	Coggins:(Office U	/se)	Show Date:		Back Number:
Owner(s): (As appears on registration papers.) Owners Ap				HC Number:		Owner's Address:			•		Phone Number:		
Class Nur			Class Numbe	rs		1	Fees	Exhibitor Name and Address				Exhibitor ApHC Num.	
Open Rider #1								\$45.00					
Open Rider #2								\$45.00					
Non-Pro Rider								\$30.00					
#1									Relation To Owner:			Birth Year:	
Non-Pro Rider								\$30.00					
#2									Relation To Owner:			Birth Year:	
Youth #1								\$30.00					
									Relation To Owner:			Birth Year:	
Youth #2								\$30.00					
									Relation To Owner:			Birth Year:	
Leadline		Name:					\$4.00						
Non Pointed								\$15.00					
Classes									Reg Number:			Birth Year:	
All protests must be filed in accord with ApHC rules. I agree to abide by all rules & regulations of the show committee as an					Total Paying Per Class			Total Class Fees			Date Paid:		
exhibitor and contestant, and assume all liability and responsibilities for any accident or injury to myself, my helpers and stock and					Flat Fee	(Applies to tl	he Horse)	\$175.00	Tie-Out Fee		\$10.00		
damages to my property, as do my helpers (if any).				Open		\$8.00		Jump/Trail		\$5.00			
WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.					Non-Pro		\$4.00		Office Fee	1	\$15.00	\$15.00	Check Number:
					Youth Total Paying Flat Fee		\$4.00						
Signature: (Parent or Guardian must sign for Youth under 18 to participate)					GCApHC I	/lembership							Cash:
					ApHC Membership				TOTAL PAID				