| 2025 | | | AMT PAID: |
|-------------------|--------------------|----------------------------|----------------------|
| | FUN SHOW | HORSE ASSOCIATION OF MINNE | ENTRY FORM |
| Owner's N | Name: | | |
| Owner's A | Address: | | |
| City: | Pr | ov/State P | Postal Code/Zip Code |
| | e # () | | |
| Exhibitor's Name: | | | Youth's Age |
| Exhibitor's | s Address in full: | | |
| Horse/Poi | ny Name: | | |
| CLASS | | CLASS NAME | BACK # |
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Fees: \$5.00/class or \$30.00 All Day Fee per person

I hereby release Noble Arabian Horse Association of Minnesota, its volunteers and Reflection Farm and its staff from all claims or damages arising from any injury caused by the aforesaid animal or occasioned by the negligence of any person or persons in charge. I shall not hold Noble Arabian Horse Association of Minnesota, its volunteers or Reflection Farm and its staff responsible for any accidents which might occur to me or anyone exhibiting my animal while participating in any events in the show.

HORSE OWNER/LESSEE SIGNATURE:_____

_____DATE:_____ TOTAL DUE: \$_____

PARENT'S SIGNATURE

RIDER'S SIGNATURE

DATE:_____

DATE:_____