


Pre-Quarter Horse Show Entry Form

****Enclose copies of horse registration papers (both sides) and all membership cards****

NDSF Horse Show Office P.O. Box 1796 Minot, ND 58702 (701) 857-7620-phone (701) 857-7622-fax www.ndstatefair.com	MAIL-IN ENTRY DEADLINE: Postmarked July 6th	For Office Use Only
		Exhibitor #:
		Date Rec'd:
		Rec'd. By:
		Notes:

HORSE (One horse per entry form)

Horse Name: (As listed on registration papers)	Registration #:
Sex:	Year Foaled:
Color:	

RESPONSIBLE INDIVIDUAL (Person Paying the Bill)

Name :	AQHA #:
Address :	City, State, Zip:
Phone:	E-Mail:

OWNER

Owner Name :	AQHA #:
Address :	City, State, Zip:

EXHIBITOR

Please fill out the information below for each exhibitor exhibiting the horse listed above.

By signing below I agree to the terms and conditions of the Release and Waiver. Forms will not be accepted without signature of EACH exhibitor.

1) Exhibitor Name:	Owner's Relationship:	
Address:	City, State, Zip:	
Date of Birth:	Phone:	Email:
AQHA #:	Membership Card Exp. Date:	<input type="checkbox"/> Open <input type="checkbox"/> Amateur <input type="checkbox"/> Youth
Exhibitor's Signature: <small>Parent or guardian must sign for youth under 18 years old.</small>	Date:	

2) Exhibitor Name:	Owner's Relationship:	
Address:	City, State, Zip:	
Date of Birth:	Phone:	Email:
AQHA #:	Membership Card Exp. Date:	<input type="checkbox"/> Open <input type="checkbox"/> Amateur <input type="checkbox"/> Youth
Exhibitor's Signature: <small>Parent or guardian must sign for youth under 18 years old.</small>	Date:	

RELEASE AND WAIVER

RESPONSIBILITY: The North Dakota State Fair Association will not be responsible for any loss, personal injury or damage to horse exhibited or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each exhibitor will be responsible for any injury that may be occasioned to any person or any animal or damage to any property while on the grounds by any horse owned or exhibited by him and shall indemnify the management against all legally established claims or damages of any kind or nature that may grow out of an injury occasioned by any horse owned or exhibited by him. Presentation of the entry blank shall be deemed acceptance of these rules. The above conditions of responsibility shall also apply to any and all show sponsors or co-sponsors. Every entry at a Recognized Show shall constitute an agreement that the person making it, owner, lessee, trainer, management, agent, coach, driver, rider and the horse shall be subject to the local rules of the show. I certify that I am the owner or duly authorized agent for owner of the horse listed above, that I have read and am familiar with the prize list published in connection with this show and agree to be bound by all the rules, including but not limited to those which discuss liability, risk, damage, responsibility and indemnity, contained in said Prize list.

EXHIBITOR ENTRY STATEMENT: I have read and understand, consent to, and agree to abide by the IAFE (International Association of Fair and Expositions) National Code of the Show Ring Ethics as stated in the premium list of this event. A separate copy may be obtained on request from the show organizer.

****Only livestock and/or horse exhibitors will be allowed to have dogs on the Fairgrounds in camping areas only. Under NO circumstances will dogs be allowed beyond the south end of these barns.**

North Dakota State law requires a health certificate AND brand inspection of all out-of-state horses.

Exhibitor 1

Exhibitor 2

Class #	Class Discription:	Class #	Class Discription:

FEEES SUMMARY

<u>SELECT, AMATEUR, OPEN, AMATEUR LEVEL I:</u>	<u>Required Fees:</u>
\$28/Class OR \$100/Horse \$ _____	AQHA Drug Fee: \$16/Horse Office \$ <u>16.00</u>
<u>YOUTH, YOUTH LEVEL I:</u>	Charge: \$10 \$ <u>10.00</u>
\$20/Class OR \$70/Horse \$ _____	<u>TOTAL ENCLOSED:</u> \$ _____
<u>SMALL FRY</u>	**All entrance fees and charges for stalls must accompany this entry**
\$10/Class OR \$40/Horse \$ _____	PAYMENT: <input type="checkbox"/> CHECK
<u>Stalls:</u>	Please make checks payable to: NDAQHA
Horse Stalls \$15/Night/Stall \$ _____	Return completed entry to:
Please indicate days: Wed.	Horse Show
Tack Stalls \$15/Night/Stall \$ _____	PO Box 1796
Please indicate days: Wed.	Minot, ND 58702
<i>Stall Requests:</i> _____	

Please return completed entry with payment to: Horse Show • PO Box 1796 • Minot, ND 58702