

**Southern Arizona Appaloosa Promoters, Inc.
Open Breed Shows**

Name: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ EMAIL: _____

	Name of Horse	Name of Rider/Handler
Office		

Class Number				
				Office
				Office

X \$8.00 =

Pre Entry X
\$7.00 =

INSURANCE FEE IS \$10.00 PER HORSE	Office \$10.00
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For Office Use Only	Check Number:	Cash:	Total:
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I hereby enter the above horse(s) at my own risk and subject to all the rules and regulations of SAAP and the ApHC. Should I suffer personal injury, or should damage or loss occur to my horse(s) or any vehicle/equipment, SAAP, or its show management or any person(s) connected with the show, and/or owner/manager of the facility used will in no case be held responsible.

Owner or Authorized Agent (of Horse)	Parent or Guardian (of all Youth 18 & under)
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How did you hear about us? Circle One: Mailed Flyer Bridle and Bit Flyer at Feed Store/Stable Arizona Equine Resources Other: _____