

AGENT'S NAME \_\_\_\_\_ Phone Number \_\_\_\_\_

Office Use Only  
Back # \_\_\_\_\_

**Entries Close  
January 20, 2012**

**DIXIE NATIONAL QUARTER HORSE SHOW**

Mail Entry Form to: Pat Kress 8704 Aragon Lane Knoxville, TN 37923-5801  
Phone 865-690-9902 FAX 866-605-2518 Email: [dixienat2012@gmail.com](mailto:dixienat2012@gmail.com)  
Website: [www.mqha.org](http://www.mqha.org)

**One horse per sheet. Copies are acceptable. Please type or print clearly & Fill Out Completely**

**HORSE/OWNER INFORMATION (enclose copy of papers) \*\*Note: Premium Paid to Owner**

Name of Horse \_\_\_\_\_ Sex \_\_\_\_\_ Year Foaled \_\_\_\_\_ AQHA # \_\_\_\_\_  
NSBA # \_\_\_\_\_ NRHA Comp. License \_\_\_\_\_ E-mail: \_\_\_\_\_  
Owner's Name \_\_\_\_\_ AQHA # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Owner Social Security # \_\_\_\_\_

**\*\*NOTE\*\* Premium Checks WILL NOT be issued without Owner's Social Security #.**

**EXHIBITOR INFORMATION (enclose copy of AQHA, NSBA, or NRHA Card) Agent's Name \_\_\_\_\_**

**EXHIBITOR #1 Youth ( ) Amateur ( ) Open ( )**

1. Name \_\_\_\_\_ AQHA Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
NRHA \_\_\_\_\_ NSBA # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Youth Birth Date \_\_\_\_\_ **Important:** If Amateur or Youth relationship to owner \_\_\_\_\_

Class #	Class Name	Class Fee	Class #	Class Name	Class Fee
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

**EXHIBITOR #2**

2. Name \_\_\_\_\_ AQHA Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
NRHA \_\_\_\_\_ NSBA # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Youth Birth Date \_\_\_\_\_ **Important:** If Amateur or Youth relationship to owner \_\_\_\_\_

Class #	Class Name	Class Fee	Class #	Class Name	Class Fee
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

**PAYMENT TYPE:**

**Credit Card Payment**

Visa ( ) Master Card ( )  
Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Signature \_\_\_\_\_

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

**Total Entry Fee** \$ \_\_\_\_\_

Office Fee/per Horse @ \$15 \$ \_\_\_\_\_  
Program Fee \$5 \$ \_\_\_\_\_  
AQHA Drug Test \$20 \$ \_\_\_\_\_  
\_\_\_\_\_ Stalls@ \$100 \$ \_\_\_\_\_  
\_\_\_\_\_ Stalls@ \$75 \$ \_\_\_\_\_  
\_\_\_\_\_ Ground Fee \$5 \$ \_\_\_\_\_ G/F only if horse is not stalled

**Total Due** \$ \_\_\_\_\_

**Absolutely No Refunds!**

For 3<sup>rd</sup> exhibitor use  
additional form

**WARNING: Under Mississippi law, an equine activity or equine**

Sponsor is not liable for an injury to, or the death of a participant  
In equine activities resulting from the inherent risks of equine  
Activities, pursuant to this act. (MS Bill #96)

The above information is correct to the best of my knowledge. I agree to abide by the rules of Show Management, both as a contestant and as a spectator. I will assume full responsibility for any accident, whether personal, to my horse, or property, while attending the show.

Signature \_\_\_\_\_

