POSTMARK-DEADLINE	2014 AMHR NATIONALS Entry Form						* Please submit <u>National Qualification</u> Back # form signed by Show Management or				
	September 4 - 14, 2014						complete box(es) below:				
August 1, 2014	Form available at www.shetlandminiature.com								*In addition to horse qualifying shows, please list any Youth Qualifying show(s) (a minimum of 1 show/2 judges total after AMHR entry deadline. Show name & date.		
MINIATURE INFORMATION							ear. <u>Show nam</u>				
Registration Number Registered	Name of Miniature	e Horse	Sex	Foal Yr	7						
CLASS INFORMATION Class Number Entered (one class per box). Enter A, B. C or D below each box to indicate the Exhibitor for that class.											
Class Number Entered (one class per box). Ente	er <u>A, B. C or D</u> be	low each box to indic	ate the <u>Exr</u>	hibitor for that	i class.				1	1	
		SHOW FEES									
Must be a current ASPC/AMHR member by the CLOSING DATE OF ENTRIES in order to exhibit.									Qty.	Fee/Each	Amount
Registration Number must be listed below for entries to be processed.							Open Clas	ses	Qty.	1 cc/Luon	7 anount
							Amateur C			-	
Do not use Stable or Farm name for exhibitor.							Youth Cla			-	
		If Youth Exhibitor				COOL Cla			-		
Exhibitor Name	Member #	Age @ 12/31/13	Signature of parent guardian			an	Stake Clas			-	
"A"				•	Č.		Fut. 2 Yr 8	Under Fee		-	
"B"							Fut. 3 Yr C	Old Fee		-	
"C"							Super G F	ut. Fee		-	
"D"							Late Entry	Fee		-	
TRAINER INFORMATION							Stall/Tack	Fee		-	
Trainer Name	Member #						Office Fee	/Mini		-	
							Sponsorsh	nip			
							Advertisi	ng			
OWNER INFORMATION										-	
Member #:										-	
Name:							Total	Enclosed			
Address:							Check #:				
City:	State: Zip:						Credit Car				
Email:	Phone:						Exp Date	:		Code:	
Signature:					-		Name on				
							Please m	nake checl	ks payable		
ENTRY & STALL FORMS MUST BE SENT TOGETH	1EK	No Post Ei Amateur G				or	Mail entr	ios to:	AMHR Na	tionals : Queenwo	od Dd
		Jackpot A	-			UI .		165 10.	Morton, IL	-	

2014 AMHR September 4	NATIONALS Entry Form	l i i i i i i i i i i i i i i i i i i i	STALLING REQUEST					
ENTRY & STALL FORMS MUST B			Number of Stalls Requested:					
OWNER INFORMATION			Please stall with:					
Nember #:			1					
Name:			2					
Address:			3					
City:	State:	Zip:	4					
Email:	Phone:		5					
			6					

This signed statement MUST accompany Entry Form

Statement of Responsibility and Liability

The ASPC/AMHR, Expo Square and or Davenport Equine Show Events and its management team will not be responsible for accidents that may occur to, or be caused by, any equine exhibited at the show or for any article of any kind or nature that may be lost or destroyed. Each exhibitor will be responsible for any injury that may be occasioned to any person or animal, or damage to any property while on the show grounds by any horse owned, exhibited or in his custody or control and shall indemnify and hold harmless the ASPC/AMHR, Expo Square or Davenport Equine Show Events and its management team, its directors individually and collectively, from and against all claims, demands, cause of action, costs, charges, and expense of every kind and nature arising out of or which may be incurred by reason of any accident, injury, or damages to person or property caused by the ownership, exhibition, custody or control of animals exhibited. Presentation of signed entry blanks shall be deemed acceptance of these rules and in the event of failure to sign the entry blank, the first entry into the show ring as an exhibitor shall be deemed to be the acceptance of rules.

Owner/Agent:

Date: