

Back # _____

New Jersey Pinto Horse Association Pinto Show- ONLY

Date: September 21, 2019

NAME OF HORSE: _____ (Circle One) HUNTER STOCK PLEASURE/SADDLE

Registration # _____ Year Foaled: _____ (Circle One) STALLION MARE GELDING MINI

OWNER: _____ Full Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Email: _____

EXHIBITOR #1

Name: _____

City/State: _____

PtHA # _____ Exp: _____

DOB: ____/____/____ Age as of 1/1/15 _____

Type Membership: (Circle One):

Open Am. Nov. Am. Am. W/T
Youth Nov. Youth W/T

Relationship: _____

EXHIBITOR #2

Name: _____

City/State: _____

PtHA # _____ Exp: _____

DOB: ____/____/____ Age as of 1/1/15 _____

Type Membership: (Circle One):

Open Am. Nov. Am. Am. W/T
Youth Nov. Youth W/T

Relationship: _____

Amateur
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

Open
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

Youth
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

Solid Registry
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

Amateur Walk-Trot
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

Mini & Am Mini
Classes _____ x \$16 = _____
Dayfee _____ x \$100 = _____

National Fee = 10.00
Office Fee = 5.00

Per Class Fee \$1 x _____ = _____

Stall Fees _____ x \$35 = _____

Shavings _____ x \$7 = _____

Camper Fee
• Weekend _____ x \$25 = _____

Off Trailer Fee (per day) \$15 = _____

Back # _____ x \$2.00 = _____

Totals: \$ _____

Class#:	Class Name:	Exhibitor Name:

In accepting my entry, I hereby release the sponsor, their officers, members and co-sponsors at this show from any claim or right of damages, which may occur to me or my horse. I also assume and accept full responsibility for any damages done by me or my horse at this show.

Owner/Exhibitor Signature (required): _____