| KBHA October 2023 | | EX #: | | | | | | | |
|--|---|--------------|---------------------|--|--|--|--|--|--|
| Hors | se Name: | | _ | | | | | | |
| Bree | d #1 Reg .: | Sex: | Year Foaled: _ | Breed #2 | Reg | | | | |
| Own | er: | | | (| Owner Breed 1ID: | | | | |
| Addı | ress: | | | | Owner Breed 2 ID: | | | | |
| Phor | ne:Email | : | | | | | | | |
| Breed Own Addd Phoof | Exhibitor A Exhibitor Name: | | DOB:_ | | Relationship | | | | |
| ٨ | Breed 1 ID#:E | кр | Breed 2 ID# | | Exp | | | | |
| A | Address: | | _ City State Zip | | Phone: | | | | |
| | Email: | | Type of exhibitor : | : Youth Amateur | Open | | | | |
| Bl | Exhibitor B | | DOR. | | Dalationaldin | | | | |
| | Exhibitor Name: | | | | _ | | | | |
| | | _ | | | _ | | | | |
| | Address: City State Zip Phone: | | | | | | | | |
| C | Exhibitor C Exhibitor Name: Breed 1 ID#: Exhibitor Name: | xp | Breed 2 ID# | | Exp | | | | |
| | Address: Email: | | | | | | | | |
| \$4 Fl | EES: 48 per breed class at Rate: \$350 per horse, includes 2 nights sta | \$ alls | | AQHA,, Pinto Buckskin Reg Horse Associa | de by the rules and regulations of the o Horse Association of America, American gistry Association, and Kansas Buckskin ation, as an exhibitor, contestant and/or me all liability for any accident or injury to | | | | |
| Office fee: \$15/horse one time | | \$ <u>10</u> | .00 <u>.00.</u> | ***WARNIN | yself, my livestock, and damages to my property. **WARNING: Under Kansas Law, there is no liability or an injury to or the death of a participant in demostic | | | | |
| AQHA Drug Fee \$30 per horse PtHA Office Fee \$25 per horse | | \$ | | for an injury to or the death of a participant in domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity. | | | | | |
| St | all clean fee \$20 per horse | <u>\$</u> | \$20 | Signature: | | | | | |
| St | alls: \$60 prepaid/\$70 at show | \$ | | Date: | | | | | |
| Ju | mp out (horses without a stalls) \$25 | \$ | | | | | | | |
| | TOTAL | <u>\$</u> | | Diane Gage dmgage@live (316) 737-33 1000 E 117 th Sedgwick, KS | 09 ST N | | | | |

Class

| Exhibitor | Class # | Breed | Class name | _ | Exhibitor | # | Breed | Class name |
|-----------|---------|-------|------------|---|-----------|---|-------|------------|
| | | | | | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |