

Western Regional Zone 2

Send entry to: Lynn Molina
PMB 286
8200 Stockdale Hwy Suite M-10
Bakersfield, CA 93311
661-589-1648 fax
email: paintsecretary@aol.com

NAME OF HORSE REG # YEAR CIRCLE SEX
STALLION MARE GELDING

OWNERS NAME AS ON PAPERS ADDRESS
CITY STATE ZIP PHONE # WITH AREA CODE

SIRE'S NAME/REG # DAM'S NAME/REG #

I DO HEREBY CONSENT AND AGREE THAT THE SPONSORING ASSOCIATION AND ANY COOPERATIVE PERSON OR GROUPS SHALL NOT BE HELD RESPONSIBLE FOR LOSS, DAMAGE AND/OR LIABILITY SUSTAINED OR SUFFERED WHILE ON THE SHOW GROUNDS OR DURING PARTICIPATION IN SAID HORSE SHOW.

OWNER/AGENT PARENT/GUARDIAN OF MINOR

EXHIBITORS CLASSES ENTERED
IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY
PRINT NAME:
IF YOUTH, ENTER BIRTH DATE & ID #
IF AMATEUR, ENTER AMATEUR ID#
EXHIBITOR CITY/STATE
RELATIONSHIP TO OWNER OF HORSE:
TRAINER:

EXHIBITORS CLASSES ENTERED
IF MORE THAN 2 EXHIBITORS ATTACH ANOTHER ENTRY
PRINT NAME:
IF YOUTH, ENTER BIRTH DATE & ID #
IF AMATEUR, ENTER AMATEUR ID#
EXHIBITOR CITY/STATE
RELATIONSHIP TO OWNER OF HORSE:
TRAINER:

Amount Paid Check #