

2018 INFORMATION SHEET			BACK #		
LAST NAME:					
DATE SUBMITTED:					
***The following information must be filled out in full prior to your first show and must be accompanied by copies of Registration Papers, ROM, and AQHA cards for all exhibitors listed. This form is good for Area 1, Area 2, EOQHA & OQHA shows.					
HORSE INFORMATION : CIRCLE ONE MARE GELDING STALLION					
FOAL DATE:			REGISTRATION #		
HORSE'S REGISTERED NAME:					
ROM (Required for Performance Halter):					
OWNER:					
FULL ADDRESS:					
				POSTAL CODE:	
RELATIONSHIP TO EXHIBITOR:			PHONE:		
AMATEUR / LEVEL 1 AMATEUR EXHIBITOR					
EXHIBITOR NAME:					
CHECK IF SAME ADDRESS:		<input type="radio"/>		IF DIFFERENT LIST ADDRESS	
				POSTAL CODE:	
PHONE:			EMAIL:		
DATE OF BIRTH:			RELATIONSHIP TO OWNER:		
AQHA NUMBER:			EXPIRY DATE:		
NSBA NUMBER:			EXPIRY DATE:		
LEVEL ELIGIBILITY		<input type="radio"/>		ALL	
			LIST INELIGIBLE:		
YOUTH / LEVEL 1 YOUTH EXHIBITOR					
EXHIBITOR NAME:					
CHECK IF SAME ADDRESS:		<input type="radio"/>		IF DIFFERENT LIST ADDRESS	
				POSTAL CODE:	
PHONE:			DATE OF BIRTH:		
RELATIONSHIP TO OWNER:					
AQHA NUMBER:			EXPIRY DATE:		
NSBA NUMBER:			EXPIRY DATE:		
LEVEL ELIGIBILITY		<input type="radio"/>		ALL	
			LIST INELIGIBLE:		
OPEN EXHIBITOR					
EXHIBITOR NAME:					
CHECK IF SAME ADDRESS:		<input type="radio"/>		IF DIFFERENT LIST ADDRESS	
				POSTAL CODE:	
PHONE:			EMAIL:		
AQHA NUMBER:			EXPIRY DATE:		
NSBA NUMBER:			EXPIRY DATE:		
DO YOU HAVE YOUR AREA MEMBERSHIP TO QUALIFY FOR YEAR END POINTS _____					
DO YOU HAVE YOUR OQHA MEMBERSHIP TO QUALIFY FOR YEAR END POINTS _____					
PLEASE ASK THE SHOW OFFICE FOR MEMBERSHIP FORMS					
PLEASE ANSWER AND INITIAL THAT YOU HAVE READ THIS _____					