

2015 Michigan Quarter Horse Association Entry Form for Breeders' Futurity & Stallion Service Sale Classes

ONE FORM PER HORSE

Owner's Name _____ MQHA ID # _____ SS # _____

Address _____

City, State _____ Zip _____ Phone _____

- MQHA memberships for owner and exhibitor must be current to enroll in Futurity classes.
- Enclose a copy of registration papers (as soon as available).
- Include copies of AQHA and MQHA exhibitor ID cards.

Horse _____ Registration # _____ Date Foaled _____

Sire _____ Dam _____ Sex _____

Class #	Class Description	Exhibitor	Exhibitor Current AQHA ID #	Exhibitor Current MQHA ID #	Entry Fee \$

In consideration of the possible injuries or losses which could occur by my being a participant and/or spectator at this horse show, I, the undersigned, release and hold harmless this horse show, its sponsors (including MQHA and AQHA), its personnel, its affiliated person, and/or its affiliated entities from any and all liability that may arise from any injuries, damages or losses whatsoever to myself or my personal property (including horses I may own) arising from my involvement in this horse show. Also, by signature hereon, acknowledge that I am aware of the MQHA drug testing program and expressly consent to the drug testing of any horse entered by me or on my behalf. I understand that failure to comply or cooperate with the program shall be interpreted as a determination of a positive test result pursuant to the drug program. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE AND WITH THE FUTURITY/SSS RULES ASPRINTED.

Total Entry Fees (from above)	
Until Aug 1 stalls @ \$100 main barn or \$70 south barn. Aug 1-Sept 1 \$110 main/\$80 south. After 9/1 \$125.	
Pre-ordered bedding _____ x \$6.50/bag	
Limited Camping _____ @ \$110/circuit	
Stall with request _____	X X X X X
Credit card transactions must add 3%	
Total Enclosed	

Required Signature _____

Name on Credit Card _____ Card Type

Card # _____ Exp. Date _____ SVC Code (back of card) _____

Credit Card Billing Zip Code (required) _____ Signature _____

Or mail a check payable to: **MQHA, P.O. Box 278, Greenville, MI 48838** • Fax: 616.225.8313

Please duplicate this form as needed. Retain a copy for your records.