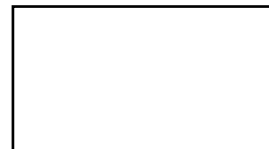


CPHA /7CPHC Labor Day Show

Sept. 3 - 6, 2010

SEND ENTRIES TO: GLADYS GILBERTSON
6055 BUENA VISTA DR., PASO ROBLES, CA 93446
OR FAX TO: (866) 247-8819 **SEND NO MONEY**



ASSIGNED BY OFFICE
**AMATEURS MUST HAVE PROOF
OF OWNERSHIP AND SHOW A
CURRENT AMATEUR NUMBER**

STALL: YES CK# _____ NO _____

NAME OF HORSE	REG #	YEAR	CIRCLE SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	STALLION MARE GELDING

OWNERS NAME AS ON PAPERS	ADDRESS		
<input type="text"/>	<input type="text"/>		
CITY	STATE	ZIP	PHONE # WITH AREA CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIRE'S NAME/REG #	DAM'S NAME/REG #
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>

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

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

e-mail: gladys@8oaksshowservices.com
Web: 8oaksshowservices.com
www.showmyhorse.com

TOTAL AMOUNT: _____
AMOUNT PAID: _____
CHECK # _____ CASH _____