Responsible Party _____**(person paying tab)**

Official Use

HORSE NAME_____ **Registration #** _____ **Sex M G S Year Foaled**_____

.

OWNER_____ **SS #** _____

AQHA # _____ **Exp**_____ **NSBA #** _____ **Exp**_____

Mailing Address_____ **City, State, Zip**_____

Email Address_____ **Contact Phone** _____

EXHIBITOR *# 1* _____ **D.O.B**_____ **PCQHA#**_____

AQHA # _____ **Exp**_____ **NSBA #** _____ **Exp**_____

Complete Mailing Address _____ **City, State, Zip**_____

Email Address _____ **Contact Phone** _____

EXHIBITOR *# 2* _____ **D.O.B**_____ **PCQHA #**_____

AQHA # _____**Exp**_____ **NSBA #** _____**Exp**_____ **Contact Phone** _____

Mailing Address _____ **City, State, Zip**_____

Email Address _____ **Contact Phone** _____

EXHIBITOR *# 3* _____ **D.O.B**_____ **PCQHA #**_____

AQHA # _____ **Exp**_____ **NSBA #** _____ **Exp**_____

Complete Mailing Address _____ **City, State, Zip**_____

Email Address _____ **Contact Phone** _____

Exh #	Class #	Class Name	Exh #	Class #	Class Name

Please send completed form, registration papers, membership cards to:

PCQHA Fall Classic / CSC Championship – Heidi Lane - 301 S. Neilson Ave, Pueblo, CO 81001

email: heidi.horseshows@gmail.com phone (719) 320-6355 fax (719) 562-0186