2026 TQHA FUNDAMENTALLY FUN – Entry Form

Circle One: Mare Gelding Stallion	**BACK # _____**
Horse's Name: _____	
Year Born: _____ AQHA Registration #: _____	
Owner: _____	AQHA #:_____ Exp ___/___/_____
Address: _____	TQHA #: _____ Exp ___/___/_____
City: _____ State: _____ Zip: _____	
	Email: _____

YOUTH Information – **EXACTLY** as it is listed on your card (Exhibitor #1)

Exhibitor's Name _____ Birthday: ____/____/____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp Date: ___/____/____

Phone_____ Email _____

Relationship to owner: _____

AMATEUR/SELECT Information – **EXACTLY** as it is listed on your card (Exhibitor #2)

Exhibitor's Name _____ Birthday: ____/____/____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp Date: ___/____/____

Phone_____ Email _____

Relationship to owner: _____

OPEN Exhibitor # 1 Information – **EXACTLY** as it is listed on your card (Exhibitor #3)

Exhibitor's Name _____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp. Date: ___/___/____ NSBA Card# _____ Exp. Date: ___/___/____

Phone_____ Email _____

OPEN Exhibitor # 2 Information – EXACTLY as it is listed on your card (Exhibitor #4)

Exhibitor's Name _____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp. Date: ___/___/____

Phone_____ Email_____

Presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure to sign an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance of Premium Book and current AQHA Rule Book and TQHA rules. I certify that all information submitted is correct, that I have read the rules for the TQHA Fundamentally Fun and that all horses and exhibitors are eligible for all classes and divisions entered. Horses are entered at your own risk and are subject to AQHA rules, under which this show will be conducted. In case of death, accident, injury or theft to the exhibitor, family, horses or property, no claims will be honored against the AQHA and TQHA and/or all those associated.

SIGNATURE OF PARTICIPANT:_____

CELL PHONE of participant **AT THE SHOW**: _____

Example

Exhibitor 1		Exhibitor 2		Exhibitor 3	
Name: Suzy Smith		Name: Margaret Smith		Name: Amanda Johnson	
Class #	Class Name	Class #	Class Name	Class #	Class Name
11	L1 Youth 3 & Over Mares	74	L1 Am Equitation	90	Open Western Riding
If more than 3 exhibitors, you may make additional copies & record Exhibitor #4, #5, etc.					
Exhibitor 1		Exhibitor 2		Exhibitor 3	
Name:		Name:		Name:	
Class #	Class Name	Class #	Class Name	Class #	Class Name

This page can be copied for additional exhibitors or classes as need.

Once you enter and submit your forms, additional classes must be added at the show Office

TQHA Credit Card Authorization Form

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone number of person on card: _____

Card Number: _____

Security Number: _____ Exp. Date: _____

I agree to allow TQHA to charge my card for anything related to entries.

_____

Signature of Card Holder