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| Sandhills Quarter Horse Show-- Tab Sheet |
| Responsible Party: |  |  |  |
| **Horse Information:** |  |  |  |  |  |  |  |  |
| Name: | Sex: S | M | G |
| Year foaled: | AQHA Reg # | NSBA Reg # |
| Owner as listed on papers: |   |   |   |   |   |   |   |
| Owner AQHA #: | Exp Date: |
|   |   |   |   |   |   |   |  |  |  |
| **Exhibitor Information** |  |  |  |  |  |  |  |
| Name as on Card: |  |  |  |
| AQHA # |  | Exp Date |  |  |
| NSBA # |  | Exp Date |  |  |
| Address: |
| City, State Zip: |
| Phone: | DOB (required for yth and am): |   |   |
| Relationship to Owner: |   |   |   |   |  |  |  |
| **Exhibitor Information** |   |  |  |  |  |  |  |  |
| Name as on Card: |   |   |   |   |   |  |  |  |
| AQHA # |   |   |   |  | Exp Date |   |   |  |  |
| NSBA # |   |   |   |  | Exp Date |   |   |  |  |
| Address: |   |   |   |   |   |   |   |   |   |
| City, State Zip: |   |   |   |   |   |   |   |   |
| Phone: | DOB (required for yth and am): |
| Relationship to Owner: |   |   |   |   |  |  |  |
| **Exhibitor Information** |  |  |  |  |  |  |  |
| Name as on Card: |   |   |   |   |   |  |  |  |
| AQHA # |   |   |   |  | Exp Date |   |   |  |  |
| NSBA # |   |   |   |  | Exp Date |   |   |  |  |
| Address: |   |   |   |   |   |   |   |   |   |
| City, State Zip: |   |   |   |   |   |   |   |   |
| Phone: | DOB (required for yth and am): |
| Relationship to Owner: |   |   |   |   |  |  |  |
| Any exhibitor that completes this form in its entirety and sends copies of papers and all necessary  |   |
| membership cards will be entered in a drawing for a $25 Visa Gift Card!! |  |  |  |