



Region 3 Experience Team Penning Entry Form

July 23-27, 2008 · St. Paul, Minnesota

MAIL TO: Region 3 Experience, PO Box 380, Williamsburg, IA 52361

exhibitor number
(office use only)

This form may be duplicated. Please use a separate entry form for each horse entered. Send completed entry form with copies of AQHA registration papers and Amateur/Youth cards and payment. **Entries should be postmarked no later than June 10, 2008. After that late fees will apply.** Entry payment should be made and mailed separate from stalls and RV payment. Note all youth classes are 18 & under unless specified. **This entry form should be used for TEAM PENNING entries only.**

RESPONSIBLE PARTY
(who is paying the bill) _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

CELL PHONE () _____

EMAIL _____

THIS ENTRY FORM IS FOR TEAM PENNING ENTRIES ONLY. EACH HORSE SHOULD BE LISTED ON ITS OWN ENTRY FORM BUT ALL ENTRIES ON A TEAM SHOULD MAIL THEIR ENTRIES TOGETHER AND TEAM MEMBERS MUST BE LISTED ON THIS ENTRY FORM.

Open Team Penning
 Amateur Team Penning
 Youth Team Penning
 Open Jackpot (optional)
 Amateur Jackpot (optional)

HORSE NAME	REGISTRATION NO.	YEAR FOALED	[] MARE	[] STALLION	[] GELDING
OWNER		AQHA ID	EXP. DATE		
OPEN EXHIBITOR		AQHA ID	EXP. DATE		
AMATEUR EXHIBITOR	BIRTHDATE	AQHA ID	EXP. DATE	RELATIONSHIP TO OWNER	
YOUTH EXHIBITOR	BIRTHDATE	AQHA ID	EXP. DATE	RELATIONSHIP TO OWNER	

****PLEASE LIST OTHER TWO HORSES & EXHIBITORS COMPETING WITH THIS HORSE ON A TEAM****

OPEN:	HORSE NAME _____	EXHIBITOR _____	
	HORSE NAME _____	EXHIBITOR _____	
AMATEUR:	HORSE NAME _____	EXHIBITOR _____	
	HORSE NAME _____	EXHIBITOR _____	
YOUTH:	HORSE NAME _____	EXHIBITOR _____	
	HORSE NAME _____	EXHIBITOR _____	

No. Classes	X \$30.00 per class by June 10	No. Classes	X \$40.00 per class AFTER June 10
_____	\$ _____	_____	\$ _____
Team Penning Cattle Charges	X \$25.00 per class	OPTIONAL JACKPOT	X \$10.00 per class Open/Amateur
_____	\$ _____	_____	\$ _____
AQHA Drug Test Fee \$3.00 per horse (REQUIRED)	\$ _____ 3.00 _____	HORSE ENTRY TOTAL	\$ _____
		[] Check Enclosed	
MC/VISA Card No. _____	Exp. Date _____		
Cardholder _____	Signature _____		