

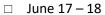
PLEASE PRINT CLEARLY

BUCKSKIN HORSE ASSOCIATION OF MICHIGAN

Entry Form

□ April 29 – 30







PLEASE PRINT CLEARLY

Responsible Party:		Back#:
Name of Horse:		Year Foaled:
ABRA Registration #:		
Owner Name:		
Owner Address:		
Phone:		
Exhibitor Name:		Date of Birth:
Exhibitor Address:		
Exhibitor Phone:		
Exhibitor BHAM #:	_ Exhibitor ABRA #:	Amateur Youth Open

SATURDAY					
✓		✓		✓	
	1		22		143
	2		23		44
	3		24		45
	4		124		46
	5		25		47
	6		26		48
	7		28		49
	8		29		50
	108		30		51
	9		31		52
	10		32		53
	11		33		54
	12		34		55
	13		35		56
	14		36		57
	15		37		58
	16		38		59
	116		39		60
	17		40		61
	18		41		93
	19		141		94
	20		42		
	21		43		

SUNDAY				
✓		✓		
	62		77	
	63		78	
	163		79	
	64		80	
	65		81	
	165		82	
	66		83	
	67		84	
	68		85	
	69		86	
	70		87	
	71		88	
	72		89	
	73		90	
	74		91	
	75		92	
	76			

PLEASE DOUBLE CHECK YOUR ENTRY NUMBERS WITH THE SHOWBILL!

ADDITIONAL EXHIBITOR ENTRY

Additional Exhibitor Name:		_Date of Birth:
Address:		_Phone:
BHAM #:	ABRA #:	Amateur Youth Open

SATURDAY					
✓		✓		✓	
	1		22		143
	2		23		44
	3		24		45
	4		124		46
	5		25		47
	6		26		48
	7		28		49
	8		29		50
	108		30		51
	9		31		52
	10		32		53
	11		33		54
	12		34		55
	13		35		56
	14		36		57
	15		37		58
	16		38		59
	116		39		60
	17		40		61
	18		41		93
	19		141		94
	20		42		
	21		43		

SUNDAY				
✓		√		
	62		77	
	63		78	
	163		79	
	64		80	
	65		81	
	165		82	
	66		83	
	67		84	
	68		85	
	69		86	
	70		87	
	71		88	
	72		89	
	73		90	
	74		91	
	75		92	
	76			

PLEASE DOUBLE CHECK YOUR ENTRY NUMBERS WITH THE SHOWBILL!

BUCKSKIN HORSE ASSOCIATION OF MICHIGAN (BHAM) OWNER/EXHIBITOR AGREEMENT

The undersigned, individually or as agent, in consideration of being allowed to participate as an exhibitor, contestant, along with the owner, lesser, trainer, manager, agents, coach, rider and horse at this BHAM sponsored show at Ingham County Fairgrounds, Shiawassee County Fairgrounds, MSU Grounds & Pavilion, and Midland County Fairgrounds for myself, my heirs, executors and personal representatives hereby waive and release any and all rights, claims and damages I may have against MSU Pavilion, BHAM, ABRA, their agents, employees, officials and directors for any injuries or loss by me during or in connection with the show or related activities, whether or not such injury or loss resulted directly or indirectly from negligent acts, omissions of said officials/employees of MSU Pavilion, BHAM, ABRA, their agents and employees from any such rights and claims asserted by me or my child or anyone involved in showing a horse under our/my entry. Also, by signature hereon, I acknowledge that I am aware of the BHAM drug test program and expressly consent to the drug testing of any horse entered by me or on my behalf. I understand that failure to comply or cooperate with the program shall be interpreted as a determination of a positive test result pursuant to the drug program.

I hereby authorize the Buckskin Horse Association of Michigan (BHAM) to use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words).

videotape, testimonial, motion picture, digital image, or photogr	uph likeness may be used pursuant to this Consent and Gen is for publicity. It is further agreed that the undersigned sha	. from any and air claims, demands, accountings, and causes for which the aforesaid lerial Release. It is also my understanding that I will receive no compensation for my all be bound by the rules and regulations of ABRA, BHAM, Ingham County Fairgrounds,
Owner Signature:		Date:
Exhibitor Signature:		Date:
Parent or Guardian signature	equired for exhibitors 18 years of age and under.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~For Office Use Only~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
CHECK ALL BOXES OR MARK N/A		STAFF INITIALS:
_	DATE DRAWN/DOCUMENTED	
In State Coggins		ABRA REGISTRATION PAPERS
OUT OF STATE COGGINS	T	ABRA OWNER CARD
OUT OF STATE HEALTH PAPERS		ABRA Exhibitor Card