



BUCKSKIN HORSE ASSOCIATION OF MICHIGAN



Entry Form

- April 29 – 30
- June 3 – 4
- June 17 – 18

PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY

Responsible Party: \_\_\_\_\_ Back#: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Year Foaled: \_\_\_\_\_

ABRA Registration #: \_\_\_\_\_ Sex:  Stallion  Gelding  Mare

Owner Name: \_\_\_\_\_ ABRA #: \_\_\_\_\_ BHAM #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exhibitor Address: \_\_\_\_\_

Exhibitor Phone: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

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		

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**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). The undersigned hereby releases BHAM, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial and that BHAM will ONLY use these photos for publicity. It is further agreed that the undersigned shall be bound by the rules and regulations of ABRA, BHAM, Ingham County Fairgrounds, Shiawassee County Fairgrounds, MSU Grounds & Pavilion, and Midland County Fairgrounds.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian signature required 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   
 OUT OF STATE COGGINS   
 OUT OF STATE HEALTH PAPERS

ABRA REGISTRATION PAPERS   
 ABRA OWNER CARD   
 ABRA EXHIBITOR CARD