

# IPHC Color Classic Entry Form

July 31, August 1-2, 2020

Exhibitor# Assigned by Office
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Name of Horse	APHA or ApHC Registration #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Year Foaled	<input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Gelding	<input type="checkbox"/> Regular Registry <input type="checkbox"/> Solid Paint Bred <input type="checkbox"/> Other
<input style="width: 100%;" type="text"/>		

Owner Name	Owner APHA or ApHC#	Expiration
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Mailing Address, City, State, Zip

Phone Number	Email Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

I do hereby consent and agree that the Idaho Paint Horse Club and any cooperative person or groups shall not be held responsible for loss, damage and/or liability sustained or suffered while on the show grounds and during participation in said horse show.

\_\_\_\_\_  
OWNER/AGENT

\_\_\_\_\_  
PARENT/GUARDIAN OF MINOR

**Exhibitor #1**

Name \_\_\_\_\_

Division - **Check ALL that apply to this exhibitor:**

Open  
  Amateur  
  Youth  
  Novice  
  ApHC Non Pro  
  Walk/Trot

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ID # \_\_\_\_\_ Expiration \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

**Classes Exhibitor#1**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Exhibitor #2**

Name \_\_\_\_\_

Division - **Check ALL that apply to this exhibitor:**

Open  
  Amateur  
  Youth  
  Novice  
  ApHC Non Pro  
  Walk/Trot

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ID # \_\_\_\_\_ Expiration \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

**Classes Exhibitor #2**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mail Completed Entry Form along with APHA or ApHC Registration Papers and All Exhibitor Cards to:**  
 Shawn Charters PO Box 658 Middleton, ID 83644  
 email: [chartersconsulting@gmail.com](mailto:chartersconsulting@gmail.com)