# 2026 GQHA NOVICE SHOW – Entry Form

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|---|---|
| Circle One: Mare Gelding Stallion | BACK # _____ |
| Horse's Name: _____ | |
| Year Born: _____ AQHA Registration #: _____ | |
| Owner: _____ | AQHA #:_____ Exp ___/___/_____ |
| Address: _____ | GQHA Member: _____ Yes _____ No |
| City: _____ State: _____ Zip: _____ | |
| | Email: _____ |

**YOUTH** Information – **EXACTLY** as it is listed on your card (Exhibitor #1)

Exhibitor's Name _____ Birthday: ____/____/____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp Date: ___/____/____

Phone_____ Email _____

Relationship to owner: _____

**AMATEUR/SELECT** Information – **EXACTLY** as it is listed on your card (Exhibitor #2)

Exhibitor's Name _____ Birthday: ____/____/____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp Date: ___/____/____

Phone_____ Email _____

Relationship to owner: _____

**OPEN Exhibitor # 1** Information – **EXACTLY** as it is listed on your card (Exhibitor #3)

Exhibitor's Name _____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp. Date: ___/___/____ NSBA Card# _____ Exp. Date: ___/___/____

Phone_____ Email _____

**OPEN Exhibitor # 2 Information** – **EXACTLY** as it is listed on your card (Exhibitor #4)

Exhibitor's Name _____

Address: _____ City/State/Zip: _____

AQHA # _____ Exp. Date: ___/___/____

Phone_____ Email_____

Presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure to sign an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance of Premium Book and current AQHA Rule Book and GQHA rules. I certify that all information submitted is correct, that I have read the rules for the TQHA Fundamentally Fun and that all horses and exhibitors are eligible for all classes and divisions entered. Horses are entered at your own risk and are subject to AQHA rules, under which this show will be conducted. In case of death, accident, injury or theft to the exhibitor, family, horses or property, no claims will be honored against the AQHA and GQHA and/or all those associated.

SIGNATURE OF PARTICIPANT:_____

CELL PHONE of participant **AT THE SHOW**: _____

# Example

| Exhibitor 1 | | Exhibitor 2 | | Exhibitor 3 | |
|---|---|---|---|---|---|
| Name: Suzy Smith | | Name: Margaret Smith | | Name: Amanda Johnson | |
| Class # | Class Name | Class # | Class Name | Class # | Class Name |
| 11 | L1 Youth 3 & Over Mares | 74 | L1 Am Equitation | 90 | Open Western Riding |
| If more than 3 exhibitors, you may make additional copies & record Exhibitor #4, #5, etc. | | | | | |
| Exhibitor 1 | | Exhibitor 2 | | Exhibitor 3 | |
| Name: | | Name: | | Name: | |
| Class # | Class Name | Class # | Class Name | Class # | Class Name |
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**This page can be copied for additional exhibitors or classes as need.**

**Once you enter and submit your forms, additional classes must be added at the show Office**

# GQHA Credit Card Authorization Form

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone number of person on card: _____

Card Number: _____

Security Number: _____ Exp. Date: _____

*I agree to allow GQHA to charge my card for anything related to entries.*

_____

**Signature of Card Holder**