

Responsible Party: \_\_\_\_\_ **Back No.:** \_\_\_\_\_

*This is the person responsible for paying this tab. Note: Incomplete entry form may result in loss of IBHA points.*

Horse Name: \_\_\_\_\_ IBHA Reg. No. \_\_\_\_\_

Gender (circle one): M S G Yr. Born: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Memb. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_ MFBA member? Y N

Amateur Exhibitor Name: \_\_\_\_\_ Memb No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Amateur Class No.											
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Youth Exhibitor Name: \_\_\_\_\_ Memb No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_ Birthdate \_\_\_\_\_

Youth Class No.											
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IBHA Exhibitor Name: \_\_\_\_\_ Memb No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Open IBHA Class No.											
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Open All-Breed or MFBA Exhibitor Name: \_\_\_\_\_

Open All-Breed or MFBA Class No.											
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Open Jackpot Exhibitor Name: \_\_\_\_\_

Open Jackpot Class No.											
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No. of Stalls: \_\_\_\_\_ R.V. Hook-up: \_\_\_\_\_ Shavings.: \_\_\_\_\_

Misc. Items: \_\_\_\_\_

*Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from inherent risks of equine activities. Participants and spectators agree to release from liability the King Palm Ranch, Mid Florida Buckskin Association and the International Buckskin Horse Association regarding any claim, loss or injury to any horse, human or property occurring at this.*

\_\_\_\_\_  
Signature of owner or exhibitor or agent (entry will not be accepted until this line is signed)

Paid by Cash \_\_\_\_\_ Check No.: \_\_\_\_\_