



ARIZONA POA ENTRY FORM

Please Complete One Form Per Pony Rider Combination

Family Name

Exhibitor Name: _____ Date of Birth: _____ Age Group: _____

EMAIL ADDRESS: _____

City/State: _____ Phone Number: _____

Pony Name: _____ Registration No: _____

Sex of Pony: M G S Year Foaled: _____ Height: _____ PHC: Y N

Owner's Name: _____ City/State: _____

Circle Class Numbers															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112
113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128
129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176

Entry Fees:

Pre-Entry: _____ X \$8.00 = \$_____

Post-Entry: _____ X \$9.00 = \$_____

LATE FEE: \$20.00 plus \$9.00 per class

Fees:

ALL POA PONIES (PER JUDGE) **\$7.00**

State Fee: ALL EXHIBITORS **\$4.00**

TOTAL = \$_____

PAID BY _____

Show committee reserves the right to combine or cancel any classes. The current POAC rulebook will govern the show. I agree that such entries are made at my own risk & subject to the rules of this show, & of the POAC, Inc. & I agree, for myself & my representatives to be bound thereby. I further agree to assume & accept full risk of injury or damage to property or myself, which may be sustained at the show. I further waive any cause of action that I might or could have by reason of said damages to myself, my family or property as against the grounds owner, directors or member of said association. I further agree that, the AZPOAC show committee has the right to interpret all questions or conditions in regard to dispute regarding interpretations of the proper color or height to show. This will serve as my consent for children of minor age to enter this show. I verify that all information that I have supplied on this form is correct & complete. I have read & understand the show rules & have completed all necessary designation forms that are required for this entry.

Signature of Adult, Owner or Authorized Agent (Required)

MAIL ENTRIES TO: DIANA PEATON (602) 291-1516
965 E. MELODY DRIVE GILBERT, AZ 85234

EMAIL ENTRIES TO: DPEATON@COX.NET FAX: (480) 899-6773

Pre-Entry Deadline - Postmark 7 days prior to show