

Back #

SOUTHWEST REGIONAL POA ENTRY FORM

Family Name

Please Complete One Form Per Pony Rider Combination

Exhibitor Name: _____ Date of Birth: _____ Age Group: _____ Sex: M F

EMAIL ADDRESS: _____

City/State: _____ Phone Number: _____

Pony Name: _____ Registration #: _____

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

Owners 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	156	157	158	159

Entry Fees:

Pre-Entry: _____ X \$10.00 = _____

Post-Entry: _____ X \$11.00 = _____

National Fees:

PERFORMANCE FEE \$10.00

HALTER ONLY FEE \$ 7.00

State Fee: ALL EXHIBITORS \$ 4.00

Camping/Stalls contact

Samantha Walker @ (480) 577-1165

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 and complete. I have read and understand the show rules and have completed all necessary designation format that are required for this entry.

Signature of Adult, Owner or Authorized Agent (required)

Mail Entries to: Diana Peaton (602.291.1516)

EMAIL: Dpeaton@cox.net

965 E Melody Dr

Gilbert, AZ 85234

Pre Entry Deadline - Postmark 7 days prior to show