



SOUTHWEST REGIONAL ENTRY FORM

Family Name _____

Please Complete One Form Per Pony Rider Combination

NTL POA MEMBERSHIP # _____

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

City/St: _____ Phone Number: _____

Pony Name: _____ Registration No: _____

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

Owners Name: _____ City/State: _____

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						

Entry Fees:

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

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

National Fees:

Halter Only: \$5.00 x _____ = \$ _____

Performance \$10.00 x _____ = \$ _____

STALLS:

Horse/Tack \$15.00 x _____ = \$ _____

CAMPING: \$25.00 x _____ = \$ _____

STATE FEE: \$4.00 x _____ = \$ _____

TOTAL: \$ _____

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.

X _____
Signature of Adult, Owner or Authorized Agent (Required)

Mail Entries to: Diana Peaton

965 E. Melody Dr.
Gilbert, AZ 85234

Pre-Entry Deadline Postmark one week prior to show

EMAIL ENTRIES TO: dpeaton@cox.net