SHOW NOTIFICIATION FORM
AQHA SHOW PARTICIPANTS ONLY

HORSE NAME_____

OWNERS NAME_____

PARTICIPANTS NAME_____DOB_____

ADDRESS_____

HOME PHONE_____EMAIL_____

HORSE SHOW NAME_____

SHOW DATE_____

PLEASE LIST ALL CLASSES SHOWN IN EVEN IF YOU DID NOT PLACE:

Important Information Please Read.

1. **New Hampshire Quarter Horse Association membership fees, Intent to Show form and $10 fee must be paid in full prior to the receipt of this form or it will be considered null and void.**
2. **Please send the required information to Kim Logan 472 South Road, Hopkinton, NH 03229. If you have any general questions you can call Kim at 603-568-6944or kim-logan@comcast.net.**