

BACK #

# ALL BREED MASTER ENTRY FORM

CIRCLE DAYS SHOWING:

SAT SUN MON

NOTE: Only ONE Horse on each Form

**INCOMPLETE ENTRY FORMS MAY RESULT IN LOSS OF MSPB&O POINTS**

Name of Show: \_\_\_\_\_ Dates of Show: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All-Breed Horse Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*\* MSPB&O Member? **Circle one:** Yes No

E-Mail: \_\_\_\_\_

**NOTE: For year-end high point awards, exhibitor MUST be a member of MSPB&O before their first class.**

**CIRCLE ONE IN EACH BOX:**

→ SEE SHOW BILL FOR CLASS NUMBERS; FILL IN # BELOW

HORSE PONY MINI MULE DONKEY

MARE GELDING STALLION

|                   |                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------|-------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>ADULT</b>      | Exhibitor Name: _____ MSPB&O*** _____ E-mail address: _____             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Address: _____ City: _____ State: _____ Zip: _____ Date of birth: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | AB 19&Over Class #                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | AB (Any-age) Class #                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scratched Class # |                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                   |                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------|-------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>YOUTH</b>      | Exhibitor Name: _____ MSPB&O*** _____ E-mail address: _____             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Address: _____ City: _____ State: _____ Zip: _____ Date of birth: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | AB 18&Under Class #                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | AB (Any-age) Class #                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scratched Class # |                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

By the act of entering this show, Owners, Lessees and Exhibitors agree that PtHA, MSPB&O, MptAA, MPYC, the show grounds, and the show committee will not be held responsible for any loss, injury, damage, or debts in connection with this show. Horse has tested negative for EIA(Coggins) during this calendar year.

\_\_\_\_\_  
Signature of Owner or Exhibitor/Rider/Agent - MUST BE AN ADULT

**\*\*\*FOR YEAR-END AWARDS YOU MUST BE A MEMBER OF MSPB&O!!!**