2018 All American Quarter Horse Congress
Collegiate Horse Judging Contest Entry Form
ENTRIES MUST BE POST-MARKED BY SEPTEMBER 1, 2018

Division: □ Senior College □ Junior College □ Limited
Team Name: ____________________________________________
Coach Name: __________________________________________
Coach Address: _________________________________________
City: __________________________________ State: _______ Zip Code: __________
Telephone Number: ___________________________ E-mail: _______________________

□ I hereby approve the participation of the above team and declare that they are eligible.

Coach Name (please print): ___________________ Signature: ___________________

Contestant Information

1. Name: ______________________________________
   Birth Date: ___________ Age: ______
   Address: ______________________________________
   City: ___________ State: _______ Zip: ______

2. Name: ______________________________________
   Birth Date: ___________ Age: ______
   Address: ______________________________________
   City: ___________ State: _______ Zip: ______

3. Name: ______________________________________
   Birth Date: ___________ Age: ______
   Address: ______________________________________
   City: ___________ State: _______ Zip: ______

4. Name: ______________________________________
   Birth Date: ___________ Age: ______
   Address: ______________________________________
   City: ___________ State: _______ Zip: ______

5. Name: ______________________________________
   Birth Date: ___________ Age: ______
   Address: ______________________________________
   City: ___________ State: _______ Zip: ______

Payment Information

Team Entry Fee $200 $ ______
Individual Entry Fee # ___ x 50 = $ ______
Additional Breakfast Tickets # ___ x $5 = $ ______

Entry fee includes breakfast tickets for team members and coach.

$50 Late Fee (for entries post-marked Sep 2-Oct 1) $ ______

NO ENTRIES ACCEPTED AFTER OCTOBER 1, 2018

Total Fees $ ______
3% Convenience Fee for Credit Card Payment $ ______

Total Amount Charged $ ______

Payment Method (please check one):
□ Check/Money Order □ Visa □ MasterCard
Make checks payable to: Ohio Quarter Horse Association

Name on Card: ______________________________________
Card Number: ______________________________________
Expiration Date: ___________ CVV#: ______
Signature: __________________________

Mail entry form to:
AAQHC Collegiate Horse Judging Contest
222 Animal Sciences Building
2029 Fyffe Court
Columbus, OH 43210
or E-Mail to: cole.436@osu.edu