2020 All American Quarter Horse Congress
Collegiate Horse Judging Contest Entry Form

ENTRIES MUST BE POST-MARKED BY SEPTEMBER 1, 2020

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: ___________________

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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: ______

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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, 2020**

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