**2017 All American Quarter Horse Congress**  
**Hippology Contest Entry Form**  
**ENTRIES MUST BE POST-MARKED BY SEPTEMBER 1, 2017**

<table>
<thead>
<tr>
<th>Group Represented:</th>
<th>□ 4-H</th>
<th>□ FFA</th>
<th>□ Breed Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Name:</td>
<td></td>
<td></td>
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<tr>
<td>Coach Name:</td>
<td></td>
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<tr>
<td>Coach Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
</tbody>
</table>
- □ State 4-H Leader  
- □ Extension Specialist  
- □ FFA Advisor  
- □ Breed Association Representative

**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: ________

**Payment Information**

- Team Entry Fee  $200  $ _____
- $50 Late Fee (for entries post-marked Sep 2-Oct 1)  $ _____  
  **Total Fees**  $ _____

**NO ENTRIES ACCEPTED AFTER OCTOBER 1, 2017**

- 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 Hippology Contest  
222 Animal Sciences Building  
2029 Fyffe Court  
Columbus, OH 43210

**or E-Mail to:** cole.436@osu.edu