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

Group Represented: □ 4-H □ FFA □ Breed Association

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.

Name (please print): ________________________________ Signature: _______________________
Title: □ 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, 2018

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