# 2019 All American Quarter Horse Congress
Hippology Contest Entry Form

ENTRIES MUST BE POST-MARKED BY SEPTEMBER 1, 2019

<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>
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<tr>
<td>Coach Name:</td>
<td>____________________________</td>
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<tr>
<td>Coach Address:</td>
<td>____________________________</td>
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<tr>
<td>City:</td>
<td>____________________________ State: ________ Zip Code: __________________</td>
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<tr>
<td>Telephone Number:</td>
<td>____________________________ E-mail: __________________</td>
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</tbody>
</table>

☐ 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, 2019

- 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