Horse Bowl Contest Entry Form

ENTRIES MUST BE POST-MAR TED BY SEPTEMBER 1, 2020
QUESTIONS MUST ALSO BE SUBMITTED TO COLE.436@OSU.EDU BY SEPTEMBER 1, 2020

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

Chair # 1
Name: __________________________________________
Birth Date: _______ Age: _______
Address: _______________________________________
City: ______________ State: _______ Zip: ______

Chair # 2
Name: __________________________________________
Birth Date: _______ Age: _______
Address: _______________________________________
City: ______________ State: _______ Zip: ______

Chair # 3
Name: __________________________________________
Birth Date: _______ Age: _______
Address: _______________________________________
City: ______________ State: _______ Zip: ______

Chair # 4
Name: __________________________________________
Birth Date: _______ Age: _______
Address: _______________________________________
City: ______________ State: _______ Zip: ______

Alternate
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, 2020
Entries will not be accepted unless questions submitted by deadline!

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