2018 All American Quarter Horse Congress
Youth Horse Judging 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: ____________________________________________ Age: __________
Birth Date: __________ Address: __________________________________________
City: __________ State: __________ Zip: __________

2. Name: ____________________________________________ Age: __________
Birth Date: __________ Address: __________________________________________
City: __________ State: __________ Zip: __________

3. Name: ____________________________________________ Age: __________
Birth Date: __________ Address: __________________________________________
City: __________ State: __________ Zip: __________

4. Name: ____________________________________________ Age: __________
Birth Date: __________ Address: __________________________________________
City: __________ State: __________ Zip: __________

Payment Information

Team Entry Fee $200 $ _______
Entry fee includes breakfast tickets for team members and coach.

Additional Breakfast Tickets # ___ x $5 = $ _______

$50 Late Fee (for entries post-marked Sep 2-Oct 1) $ _______

NO ENTRIES ACCEPTED AFTER OCTOBER 1, 2018

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: __________________________ CVV#: _______
Expiration Date: __________
Signature: __________________________

Mail entry form to:
AAQHC Youth Horse Judging Contest
222 Animal Sciences Building
2029 Fyffe Court
Columbus, OH 43210

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