# 2020 All American Quarter Horse Congress  
## Youth Horse Judging Contest Entry Form

**ENTRIES MUST BE POST-MARKED BY SEPTEMBER 1, 2020**

<table>
<thead>
<tr>
<th><strong>Group Represented:</strong></th>
<th>□ 4-H</th>
<th>□ FFA</th>
<th>□ Breed Association</th>
</tr>
</thead>
</table>

**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  
$ ______

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)  
$ ______

**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:** ___________________  
**Expiration Date:** ___________  
**CVV#:** _______

**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