

**2010 D.Q.H.A  
BREEDERS FUTURITY ENTRY FORM  
JULY 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup>, 2010  
DELAWARE STATE FAIR GROUNDS, HARRINGTON, DE. 19962  
(Complete One Form - Per Horse - Per Class)**



**Classes:**

**YEARLING HALTER STALLION  
YEARLING HALTER MARE  
YEARLING HALTER GELDING**

**YEARLING LUNGE LINE  
2/3 Y.O. SNAFFLE BIT**

Horse's Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_  
(PRINT EXACTLY AS REGISTRATION CERTIFICATE)

Foaling Date: \_\_\_\_\_ Horse's Sex: Stallion Mare Gelding  
(Month/Day/Year) (Circle One)

Sire: \_\_\_\_\_ Reg. #: \_\_\_\_\_ Dam: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ AQHA ID#: \_\_\_\_\_ Exp: \_\_\_\_\_  
(PRINT EXACTLY AS REGISTRATION CERTIFICATE)

Owner's SSI #: \_\_\_\_\_ or FED. TAX I.D. #: \_\_\_\_\_  
(NO CHECKS WILL BE ISSUED WITHOUT THIS NUMBER)

Owner's Address: \_\_\_\_\_  
(Street/Box/PO Box) (City) (State) (Zip Code)

Owner's Home/Farm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Exhibitor's Name (Other than owner): \_\_\_\_\_ AQHA ID#: \_\_\_\_\_ Exp: \_\_\_\_\_

Exhibitor's Address: \_\_\_\_\_  
(Street/Box/PO Box) (City) (State) (Zip Code)

Exhibitor's Home/Farm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Show dates: Yearling Halter Saturday 10<sup>th</sup> 2010  
Yearling Lunge Line Saturday 10<sup>th</sup> 2010  
2/3 YO Snaffle Bit Sunday 11<sup>th</sup> 2010

<u>FUTURITY CLASS NAME</u>	<u>ENTRY FEE</u>
_____	\$ _____
. LATE FEE (IF APPLICABLE)	\$ _____
. OWNER D.Q.H.A. MEMBERSHIP FEE	\$ _____
. EXHIBITOR D.Q.H.A. MEMBERSHIP FEE	\$ _____
OWNER & EXHIBITOR MUST BE D.Q.H.A. MEMBERS) Individual \$25.00 or Family \$40.00)	
<b>Total:</b>	\$ _____

**THIS FORM MUST BE COMPLETE INCLUDING ALL SUPPORTING DOCUMENTS TO BE ACCEPTED BY THE  
FUTURITY CHAIRMAN**

Make checks payable and send to:  
D.Q.H.A.  
Greg Johnson  
4175 Irish Hill Rd.  
Magnolia, DE 19962  
Phone 302- 745-9096

CHECK LIST: ENTRY FORM  
COPY OF REGISTRATION PAPERS  
COPY OF A.Q.H.A. CARD  
CURRENT MEMBERSHIP OR MEMBERSHIP FEE INCLUDED ABOVE  
ENCLOSE CHECK  
RETURN CHECK CHARGE - \$25.00

For more information see DQHA @ [www.dqha.net](http://www.dqha.net)