

IQHA 5th District Open Competition Affiliate Program Enrollment FORM

Send to:
IQHA 5th District
c/o Jackie Kincaid
1516 SE Summerpark Drive
Ankeny, Iowa 50021
515-991-5094

Horse Name: _____ Registration No: _____

Owner Name: _____ AQHA Membership No: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ E-mail _____

All Owners and Exhibitors of the above listed AQHA horse must be **current AQHA and IQHA 5th District members**.

- 1) 12 & Under 2) 13-18 3) 19 & Over 4) SELECT (50 & Over)

| Exhibitor | AQHA Membership No. | Relationship | Age Group |
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I certify that the above information is correct and current. I have read and agree to abide by the rules of the IQHA 5th District Open Competition Affiliate program. I understand that I must possess my enrollment letter prior to competing in any event that I wish my points to be counted or I forfeit any point won therein.

Print Name: _____ Date: _____

Signature: _____