IQHA 3rd District Open Competition Affiliate Program

Enrollment Form

Send to:
IQHA 3rd District
c/o Lori Mennenga
112 250th St.
Meservey, Iowa 50457
641-494-7892

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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 3rd District members.

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

Exhibitor	AQHA Member No.	Relationship	Age Group

I certify that the above information is correct and current. I have read and agree to abide by the rules of the IQHA 3rd 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: ____