Office Use Only

Date Rec'd_

DIXIE NATIONAL QUARTER HORSE SHOWS FEBRUARY 16-21, 2016 – Jackson, MS



ENTRIES MUST BE POSTMARKED BY JANUARY 15, 2016 PAPERS & MEMBERSHIP CARDS MUST BE SUBMITTED WITH ENTRIES

NAME OF HORS	AQHA#		(Circle one)	Year Foaled	ROM
		S	M G		
OWNER	_STREET	CITY		STATEZIP_	
E-MAIL	PHONE_				
EXHIBITOR(ENTRY FEES
1	AQHA#	CLASS #			
Name (EXACTLY) as listed on a	Relation to owner	CLASS #			
2	AQHA#_	CLASS #			
Name (EXACTLY) as listed on o	eard Relation to owner	CLASS #			
3	AQHA#	CLASS #			
Name (EXACTLY) as listed on card Birthday Select/Youth	Relation to owner	CLASS #			
of the show. I understand the rules listed I (we) hereby release Dixie National Quar any loss or claim to myself, (ourselves), er	CellphoneEmail:	-	Exhibitor Exhibitor Exhibitor Exhibitor AQHA Pro Office Fee Cattle Chai	# 2 # 3 ocessing Fee(AQHA Classes O e rge@\$25:@\$ Fee (If no Stall) \$10.00 @\$ =	\$

AGENT / RESPONSIBLE PARTY INFORMATION Name ______ Street Address _____ City, State, Zip _____ Home Phone _____ Cell Phone _____ E-mail _____

CREDIT CARD & ENTRY FORM

Dixie National accepts American Express, MasterCard, Discover and Visa credit cards as forms of payment for horse show entry and stall fees. Please complete the form below and submit with your entries if using a credit card to pay for show fees.

- 1. This show does not accept telephoned entries.
- 2. All entry and stall fees must be paid at the time entries are made.

2016 DIXIE NATIONAL QUARTER HORSE SHOW CREDIT CARD FORM

3. Listed fees are the discount for cash and check paying customers. Credit Card charges will require a 5% office fee. I understand all fees listed, including fees by date of postmark, and understand that no refunds are given on entries or stalls.

NO ENTRIES WILL BE ACCEPTED WITHOUT PAYMENT!

NO EXCEPTIONS!

Make checks payable & Mail to:

Dixie National Quarter Horse Show c/o Vanessa Lay 933 Williams Street Miamisburg, OH 45342

Charge amount is NOT refundable after January 15, 2016.				
Total Fees \$(5% Convenience Fee Wi	(5% Convenience Fee Will Be Added)			
Circle One: American Express Discover VISA MasterCard				
Card NumberVerification Co	de			
Expiration dateToday's Date				
Name on card:	Office Only			
Cardholder's Signature	Total Fees			
Cell Phone #	5% Convenience Fee Total Charges			

Billing Address:

City _____ State ____ Zip ____