

**OPEN HORSE VERSATILITY ENTRY FORM**

Horse's PtHA Registered Name: \_\_\_\_\_

PtHA Registration Number \_\_\_\_\_

Owner/Lessee Name \_\_\_\_\_

PtHA Membership # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Exhibitor Name \_\_\_\_\_

PtHA Membership # \_\_\_\_\_

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