

ASSOCIATION: Southeast Arkansas Horse Show Association

Gaited Horse Information Needed

Owner of Horse: _____

Address: _____

Name of Exhibitor: _____

Address: _____

Horse's Name: _____

Breed Registry: _____

Registration Number: _____

Gender of Horse: _____

Color of Horse and Markings: _____

Trainer's Name: _____

Address: _____

Trainer's License Number: _____

Hauler's Name: _____

Address: _____

Groom's Name: _____

Address: _____

Circle the class that this exhibitor will be showing this horse in at the State Show:

Ladies Gaited

Men's Gaited

Slow Gaited