

IQHA RANCH HORSE FUTURITY GET OF SIRE ENTRY FORM



ONE BACK NUMBER PER GROUP

Office use: Back #

	Dam:
Stallion Owner:	Phone:
Address:	City/State/Zip
Email:	
Horse 1:	Exhibitor:
Horse 2:	Exhibitor:
Horse 3:	Exhibitor:
Address:Phone:Payee:	elta, IA 52550
An IQHA Memb Please fill out & remit the IQHA	Total Paid: \$
	ubject to the rules under which the class(es) will be conducted. I agree that in case of loss or injury nake no claim whatsoever, against this show, any individual connected with it, the lowa Quarter
Owner Signature	Date