Name of person who will be paying this horses fees: _____

Please send earnings (if applicable) to: ☐ Owner ☐ Trainer □ Other: _____

2023 SUN CIRCUIT

BACK #

HORSE INFORMATION as it appears on Registration Papers/Competition License

Complete one entry form for each horse being entered. Use this form to enter ALL CLASSES.

Registered Name: Registration #: NRHA Comp. Lic #.: Sex: Foal Yr:

Sire: Dam: Trainer: **Will this horse have a stall: ☐YES ☐ NO (Reserve stalls online at suncircuit.com)**

OWNER INFORMATION as it appears on Registration Papers

** *SSN or TIN Must Be On File To Receive Payout Checks*

	Name	AQHA #	NRHA/NRCHA #	Exp Date	NSBA #	Exp Date	Phone #	SS # or TIN for Winnings
Owner								
Co-Owner								

ADDRESS: **CITY, STATE, ZIP:** **E-Mail Address:**

EMERGENCY CONTACT Name: Phone Number: Relationship:

EXHIBITOR INFORMATION **Date of Birth (DOB) required for Youth, Primetime, Select

#1 NAME: DOB:		**#2 NAME:** DOB:		**#3 NAME:** DOB:	
AQHA #:	Exp Date: Amt Yth Nov	AQHA #:	Exp Date: Amt Yth Nov	AQHA #:	Exp Date: Amt Yth Nov
NRHA #:	Exp. Date: Pro NP Yth	NRHA #:	Exp. Date: Pro NP Yth	NRHA #:	Exp. Date: Pro NP Yth
NRCHA #	Exp. Date: NP Youth	NRCHA #:	Exp. Date: NP Youth	NRCHA #:	Exp. Date: NP Youth
NSBA #:	Exp. Date: NP Yth	NSBA #:	Exp. Date: NP Yth	NSBA #:	Exp. Date: NP Yth
Relationship to Owner:		Relationship to Owner:		Relationship to Owner:	
Class Numbers		Class Numbers		Class Numbers	

☐ I have read and agree to the terms and conditions mentioned in the Sun Country Circuits Release of Liability

Signature/Date: Printed Name:

⦿Include a copy of owner(s) exhibitor(s) current cards and copy of the horse's registration papers & competition license (if applicable)

You can also email entries to: azqhascentries@gmail.com

Entries are due by: 2/3/2023

Please Complete form and mail to:

Sun Circuit

515 E Carefree Hwy PMB #405

Phoenix, AZ 85085

Questions call 623-869-8037