



Intent to Show Form

Name of Stallion Owner: _____

Address: _____

City/State/Zip: _____

Phone (provide 2): _____

Email: _____

Stallion Name: _____

AMHA Registration No.: _____

Name of Show: _____

Date of Show: _____

Show Location: _____

City/State/Zip: _____

Name of Show Manager: _____

Show Manager Phone: _____

Statement of KMHB IF Compliance (please read and check box)

- I have read the KMHBIF Rules & Regulations and agree to abide by them. Any attempt in connect ion with the Kentucky Horse Breeders' Incentive Fund to provide false or misleading information to the Kentucky Miniature Horse Breeders (KMHB) or government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KMHB and the application of all civil and criminal penalties that may apply.*

Signature of Stallion Owner

Date

Fee: Free if two weeks prior to show – Late Fee \$10.00 (Please make check payable to KMHB)

Please note: Late Fee if applicable must accompany this form. Incomplete forms will not be processed.

**Please mail completed forms and payment to:
 Kentucky Miniature Horse Breeders
 PO Box 235
 Simpsonville, KY 40067**