



Maine Quarter Horse Association Intent to Show Form

Name of Owner _____

Address _____

Town/City _____ State _____ Zip Code _____

Phone _____ Email _____

Name of Horse _____

Name of Horse _____

Name of Horse _____

Fee is \$10 per horse. Amount enclosed \$ _____

Please print, complete and send along with your fee(s) to:

Sarah Clemons
MeQHA
1567 Harpswell Neck Rd
Harpswell, ME 04079
washclemons@gmail.com