



National Snaffle Bit Association
Official Entry Form

	1 st Go	2 nd Go	Finals
Placing			

Back #: _____

Class #: _____ Class Name: _____

Horse Name: _____

Registration #: _____ Year Foaled: _____ Breed: _____

Owner Name: _____ **Owner NSBA #:** _____

Address: _____ Owner Soc Sec #: _____

City: _____ State: _____ Zip: _____

Rider Name: _____ **Rider NSBA #:** _____

Address: _____ City: _____ State: _____ Zip: _____

Rider Status (Circle One): **Open** **Intermediate Open** **Limited Open**
Rev 12/10 **Non-Pro** **Intermediate Non-Pro** **Limited Non-Pro**



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