

## One Day Show Entry Form

Include a copy of horse registration papers & copy of owner/trainer/exhibitor AHA Competition Membership cards

SEND TO:

Kathryne Baldwin PO Box 1004 Lockeford, CA 95237 kathrynebaldwin9@gmail.com

Horse Name	Registry	Registration #	Sex	Year Foaled
Office Use				11 - F111 (III - 112 - 11
Owner Name		_ (exactly as it appears on p	oapers) AHA #	
Mailing Address		City/State/Zip	<i>8</i>	
Email Address		Phone		
Eulailaitar 1 Nama	0110		Class Fee @ \$15	\$
Mailing Address	AHA City/State/Zip	<del></del>	Office Fee @ \$10	\$
Fmail Address	Oity/State/Zip Phone			
Birthdate (MM/DD/YY)	Phone Relationship to Owner		AHA Single Even Mer Fee @ \$40/person	nber \$
Class #:			Resolution 9-90 @	\$5 \$
			Post Entry Fee @	\$25 \$
Exhibitor 2 Name	AHA City/State/Zip		Stall/Tackroom @	\$100 \$
Mailing Address	City/State/Zip		CA Drug Fee @ \$	
Birthdate (MM/DD/YY)	Phone Relationship to Owner			
			Recognition Fee @	D \$7 \$
Class #:			Trailer in Fee @ \$2	25 \$
Exhibitor 3 Name	AHA		4 LE 1 LE	Φ.
Mailing Address	City/State/Zip		tal Enclosed Fees	\$
Email Address	Phone Phone	——— Make	e Checks Payable to Please email late entries a	
Class #:		EN	TRIES CLOSE:  ovember 23, 202	
Trainer Name	AHA		ovember 20, 202	•
Mailing Address	City/State/Zip			
Email Address	Phone	PI	lease read and con	nplete release
	ASSUMPTION OF RISK, RELEASE AN	D HOLD HARMLESS A	AGREEMENT	
I agree as follows by signin I choose for myself (or as p ACKNOWLEDGE THAT PAINJURIES, DEATH AND DOPROPERTY. I hereby RELEASE, INDEM Competition, the facilities, a claims, relating to the comp damages, losses, or injurie I further agree to adhere to		participate voluntarily in th LVES SERIOUS RISKS OF SKS OF HARM AND DAMA damages, costs and attorno ployees and Volunteers (Co belonging to me, or legally to the fullest extent permitted	is competition. I AM FI HARM, INCLUDING P AGES TO ME, MY HOF ey fees) Arabian Horse bliectively the "Release caused by me or my Ho d by law.	PERSONAL RSE AND  Association, the d Parties") from any orse, for any kind of
Exhibitor or Parent/Gua	ardian Trainer		Owner o	or Agent
Date			Date	