

Holiday Hoorah ODS 1, 2 & 3 Entry Form

For Arabian and HA/AA exhibitors - Include a copy of horse registration papers & copy of owner/trainer/exhibitor AHA Competition Membership cards

SEND TO: Marlene Kriegbaum
4336 Beautiful Cr, Castle Rock, CO 80109
303-935-1214 Phone/Fax email: arabshows@mac.com

MAILED/FAXED/EMAILED ENTRIES
MUST be received by the Wednesday Dec 13 or hand carry to the show \$ 25.00 Late fee applies after Dec 13

Horse's Name		Reg. No.		DOB MM/DD/YY		Sex		Color	
Breed			Sire			Dam			
Rider 1	Classes								
Name				DOB MM/DD/YY		Amateur Certificate Yes No			
AHA #				Amateur Relationship to horse owner					
Address				City		State		Zip	
Rider 2	Classes								
Name				DOB MM/DD/YY		Amateur Certificate Yes No			
AHA#				Amateur Relationship to horse owner					
Address				City		State		Zip	

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____
 AHA# _____ Farm/Ranch _____
 Current Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

_____ Class Fee @ 15.00 per class \$ _____
 _____ Office Fee @25.00 per show \$ _____
 _____ AHA Single Event Member Fee \$ _____
 @ \$35/person/per show
 Resolution 9-90 & AHA Results Processing

1 Day @ \$8.00
 2 Days @ \$16.00
 3 Days @ \$32.00 \$ _____

_____ Stall Thur - Sun @ \$90 \$ _____
 _____ Day Stall @ 45 no overnight \$ _____
 _____ Post Entry Fee @ \$25 \$ _____

TRAINER INFORMATION (must be filled out, if there is no trainer, owner may write same in trainer information)

Name _____
 AHA# _____
 Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____
 Stable with _____

Leave Totals blank for show to figure your total
Cash or Check TOTAL \$ _____
 Credit Card Processing fee 4% \$ _____

Credit Card TOTAL \$ _____
Payable to: A & H Equine Production

Please read and complete release

ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT

I agree as follows by signing this entry:
 I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS

COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME ALL RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY.

Holiday Hoorah ODS Shows Release I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) Arabian Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my Horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law. I further agree to adhere to the rules set forth in the Arabian Horse Association One Day Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner -** Mandatory	Adult Signatures ONLY	Signature X
Trainer or Custodian of horse @ show -** Mandatory	Adult Signatures ONLY	Signature X
Rider 1 -** Mandatory	Adult Signatures ONLY	Signature X
Rider 2 -** Mandatory	Adult Signatures ONLY	Signature X

Method Of Payment Payment in FULL is due with entries Credit Card Check Enclosed Check # _____

Credit Card#		Leave blank for show to figure your total \$ _____	
Print Name as it appears on CC			
Exp Date	CVS	Signature	
Credit Card Billing Address (include zip)			