



Region 8 Off-site Working Western

Championship

September 20th. 2018

ENTRIES CLOSE September 2nd

SEND TO:
 Jo-Anne Read
 PO Box 129 Elbert, CO 80106-0129
 Phone 303-648-3261
 windyjj@aol.com

PLEASE TYPE OR PRINT/ONLY ONE OWNER PER fees, copies of horse registration papers, purchase contract (if applicable), USEF/EC membership cards, amateur certification (if applicable), AHA Competition level membership cards for each rider, driver, handler, trainer and owner.

ENTRY FORM. All entries must be complete. Enclose correct

Horse Name	Reg. No.	DOB	Sex	Color	Height	Sweepstakes <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sire	Dam			Horse USEF ID #	Horse USEF ID:
Rider/driver/handler	AHA #	USEF/EC#	USDF#	Relationship to owner		
Class Numbers	Class					Entry Fees
	Numbers					
Address		City	State	Zip		
Rider/driver/handler	AHA #	USEF/EC#	USDF#	Relationship to owner		
Class Numbers	Class					Entry Fees
	Numbers					

FOR MORE THAN TWO RIDERS WITH SAME HORSE, USE NEXT TABLE, LEAVING HORSE DATA BLANK FOR MORE THAN TWO HORSES REQUEST ADDITIONAL FORMS OR MAKE PHOTOCOPIES
 Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

OWNER (as appears on reg. papers or contract)

Name _____ AHA # _____ Entry Fees \$75 per class \$ _____
 Farm _____ USEF/ EC # _____ USEF Fees \$8 per horse (\$15 Drugs & 8 Admin) \$ _____23.00
 Address _____ USEF Farm ID# _____ USEF Show Pass Fee \$45 \$ _____
 City, State, Zip _____ Phone _____ Resolution 9-90 (Education) \$16 (Mandatory per horse) \$ _____16.00
 EMail _____

TRAINER Must be filled in. If there is no trainer then owner can write same as owner.

Trainer _____ AHA # _____ Horse Stalls \$90 \$ _____
 Address _____ USEF/ EC # _____ Tack Stalls \$85 \$ _____
 City, State, Zip _____ Phone _____ Office Fee \$35 per class Postmarked by Sep. 2nd \$ _____35.00
 EMail _____ Post Entry \$35 per horse \$ _____
 AHA Results fee \$4 per horse \$ _____4.00
 Cattle fee TBD \$ _____

Send Acknowledgement to: Owner _____ Trainer _____
 Email to: _____
ENCLOSED TOTAL FEES \$ _____
 3.3% added for credit card payment. Returned check or credit card fee \$50
 Shavings \$8.75. Pay :B&T Feed.

STABLE WITH _____ (Send request for joint stabling in the same envelope)
 MAKE CHECK PAYABLE TO: Region 8

VISA / MASTERCARD #	CVC#	EXPIRATION DATE
Signature	Name on card	
Billing address and phone number		

ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK.
All signatures must be adult. Minor entrants must also have parent/guardian signature(s) on the back.