



**CAHC Southern Division  
2018 One Day Show at Latigo  
September 1st 2018**

SEND TO: Jo-Anne Read  
POB 129  
Elbert. CO. 80106

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windyjj@aol.com

**Arabian/Half Arabian/Anglo Arabian Entry  
Form**

Horse Name \_\_\_\_\_ Registry \_\_\_\_\_ Registration # \_\_\_\_\_  Sex \_\_\_\_\_ Year Foaled \_\_\_\_\_

Owner Name \_\_\_\_\_ (exactly as it appears on papers) AHA # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Exhibitor 1 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Exhibitor 2 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Exhibitor 3 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Trainer Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

_____ Class Fee @ \$10	\$ _____
_____ CABA Classes @ \$100	\$ _____
_____ Dressage class fee @ \$35	\$ _____
_____ Office Fee @ \$25	\$ 25.00
_____ **AHA Single Event Member Fee @ \$35/person	\$ _____
_____ **AHA Resolution 9-90 @ \$4	\$ 4.00
_____ AHA Results Fee Per Horse	\$ 4.00
_____ Event Fee @ \$20	\$ 20.00
_____ Schooling Fee Friday \$15	\$ _____
_____ Sponsor Buy A Class (TBA) \$10.00	\$ _____
_____ Stall Fees \$25	\$ _____
***Must clean before leaving***	
<b>Total:</b>	\$ _____
<b>Checks Payable to: CAHC Southern Division</b>	

**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.  
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.

_____ Exhibitor or Parent/Guardian	_____ Trainer	_____ Owner or Agent
_____ Date	_____ Date	_____ Date