



ARABIAN TWO DAY VALUE SHOW ENTRY FORM

REQUIRED: Include a copy of horse registration papers, coggins & trainer/owner/exhibitor AHA Competition Membership cards, if applicable

SEND TO:

Autumn Classic
 PO Box 70273
 Albany, GA 31708
 Show Secretary: Melinda Rich
autumnclassic1985@gmail.com

	Horse's Name	Reg No	DOB MM/DD/YY	Sex	Color
	Breed	Sire	Dam		
Rider 1	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Amateur Certificate Yes No	
AHA #		Amateur Relationship to Horse Owner			
Address		City		State	Zip
Rider 2	Class #				
	Class Fee				
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 _____
 Address _____ Phone _____
 City _____ St _____ Zip _____
 Email _____

TRAINER INFORMATION must be filled out, if no trainer, owner may write in "same"

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

Stable With _____

# Class Fee @ \$10.00	\$	_____
# Class Fee @ \$15.00	\$	_____
# Class Fee @ \$20.00	\$	_____
# Class Fee @ \$25.00	\$	_____
Office Fee @ \$20.00/Horse	\$	_____
AHA Single Event Fee	\$	_____
\$35.00/person		_____
AHA 9-90 & Show	\$	_____
Recognition Fee		_____
\$10.00/horse		_____
# Jumping Warm Up	\$	_____
\$5.00/Rider		_____
# Tack Stall @ \$65.00	\$	_____
# Horse Stall \$65.00	\$	_____
OR		
Grounds Fee	\$25.00	\$ _____
Post Entry @ \$15.00	\$	_____
per horse after Oct 23		
Total Enclosed Fees		\$ _____
Make Checks Payable to: Autumn Classic		

Credit/Debit Card Information:

Name on Card: _____
 Card Number: _____
 Exp Date: _____ Zip Code: _____ CRV #: _____

PLEASE READ AND COMPLETE RELEASE

Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT: I agree as follows by signing below: 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 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 and the Autumn Classic Charity Show rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner **Mandatory-No Junior Signatures	Signature X
Trainer or Custodian of horse @ show **Mandatory-No Junior Signatures	Signature X
**Adult Owner must sign if no trainer	Signature X
Rider 1 **Mandatory-No Junior Signatures	Signature X
Rider 2 **Mandatory-No Junior Signatures	Signature X

***Entries must be postmarked no later than October 23, 2020**

***Copies of Dressage entries must also be sent to Emma Collins for ride times to be assigned at:**
emmamonopoli@yahoo.com

OFFICE USE:

Check # _____ Amount of Check _____ Name on Check _____