



# ARABIAN THREE DAY VALUE SHOW ENTRY FORM

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

Autumn Classic  
c/o Carlie Evans  
22806 W Newberry Rd  
Newberry, FL 32669

[sehorseshow@gmail.com](mailto:sehorseshow@gmail.com)

	Horse's Name	Reg No	DOB MM/DD/YY	Sex	Color
	Breed				
<b>Rider 1</b>	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Amateur Certificate Yes          No	
AHA #		Amateur Relationship to Horse Owner			
Address		City		State	Zip
<b>Rider 2</b>	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 \_\_\_\_\_

**Credit/Debit Card Information:**

Name on Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CRV #: \_\_\_\_\_

	# Class Fee @ \$10.00 \$ _____
	# Class Fee @ \$15.00 \$ _____
	# Class Fee @ \$20.00 \$ _____
	# Class Fee @ \$25.00 \$ _____
1	<b>Office Fee @ \$25.00/Horse \$ _____</b> \$ 25.00
	AHA Single Event Fee \$ _____
	\$35.00/person if not an AHA Member
	AHA 9-90 & Show \$ _____
	Recognition Fee \$10.00/horse
	# Tack Stall @ \$75.00 \$ _____
	<b># Horse Stall \$75.00 \$ _____</b>
	<b>OR</b>
	<b>Grounds Fee \$30.00 \$ _____</b>
	<b>If not stalling</b>
	Post Entry @ \$15.00 \$ _____
	per horse after Oct 27

**Total Enclosed Fees \$ \_\_\_\_\_**  
**Make Checks Payable to: Autumn Classic**

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

**\*Entries must be postmarked no later that October 27, 2023**

**OFFICE USE:**  
 Check # \_\_\_\_\_ Amount of Check \_\_\_\_\_ Name on Check \_\_\_\_\_