



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

PO Box 70273

Albany, GA 31708

autumnclassic1985@gmail.com
horseshowsonline.com

	Horse's Name	Reg No	DOB MM/DD/YY	Sex	Color
	Breed				
Rider 1	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Amateur Certificate Yes	
AHA #		Amateur Relationship to Horse Owner			
Address		City		State	Zip
Rider 2	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Amateur Certificate Yes	
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 @ \$15.00 \$ _____
	# Class Fee @ \$20.00 \$ _____
	# Class Fee @ \$25.00 \$ _____
	# Class Fee @ \$30.00 \$ _____
1	Office Fee @ \$25.00/Horse \$ _____
	\$ 25.00
	AHA Single Event Fee \$ _____
	\$35.00/person if not an AHA Member
	AHA 9-90 & Show \$ _____
	Recognition Fee \$10.00/horse
	HJ Warm up \$10.00
	# Tack Stall @ \$75.00 \$ _____
	# Horse Stall \$75.00 \$ _____
	OR
	Grounds Fee \$30.00 \$ _____
	If not stalling
	Post Entry @ \$20.00 \$ _____
	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 **Mandatory-No Junior Signatures	Signature X
Trainer or Custodian of horse @ show **Mandatory-No Junior Signatures	
**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 that October 27, 2024**

OFFICE USE:
 Check # _____ Amount of Check _____ Name on Check _____