

## **NMAHA Arabian Open WSCA Show Entry Form**

We request valid registration numbers or copy of papers. This form **must be completely** filled out and **all** signatures.

| Office Use Only: |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|
| CK #             |  |  |  |  |  |  |  |
| Amat             |  |  |  |  |  |  |  |

| Coggins   | Horse's Name                          |                              |                                    |                               |                                 |             | Reg. #                       |                              | DOB MM/DD/YY                       |  |  |
|---|---------------------------------------|------------------------------|------------------------------------|-------------------------------|---------------------------------|-------------|------------------------------|------------------------------|------------------------------------|--|--|
| Papers  | Show # Breed                          |                              |                                    |                               |                                 |             | Sex                          |                              | Color                              |  |  |
|   | Class #                               |                              |                                    |                               |                                 |             |                              |                              |                                    | Total Fees   |  |
| Rider #1  | Fee                                   |                              |                                    |                               |                                 |             |                              |                              |                                    |  |  |
| Name  |                                       |                              |                                    |                               |                                 |             | DOB MM/DD/                   | ΥΥ                           |                                    |  |  |
| AHA#  |                                       |                              |                                    |                               |                                 |             | Relationship to horse owner: |                              |                                    |  |  |
| Address   |                                       |                              |                                    |                               |                                 | City        |                              |                              | State                              | Zip  |  |
|   | Class #                               |                              |                                    |                               |                                 |             |                              |                              |                                    | Total Fees   |  |
| Rider #2  | Fee                                   |                              |                                    |                               |                                 |             |                              |                              |                                    |  |  |
| Name  |                                       |                              |                                    |                               |                                 |             | DOB MM/DD/                   | ΥY                           |                                    |  |  |
| AHA#  |                                       |                              |                                    |                               |                                 |             | Relationship to horse owner: |                              |                                    |  |  |
| Address   | ddress                                |                              |                                    |                               |                                 |             |                              |                              | State                              | Zip  |  |
|   | Class #                               |                              |                                    |                               |                                 |             |                              |                              |                                    | Total Fees   |  |
| Rider #3  | Fee                                   |                              |                                    |                               |                                 |             |                              |                              |                                    |  |  |
| Name  | •                                     |                              |                                    |                               |                                 |             |                              | DOB MM/DD/YY                 |                                    |  |  |
| AHA#  |                                       |                              |                                    |                               |                                 |             | Relationship                 | to horse o                   | wner:                              |  |  |
| Address   |                                       |                              |                                    |                               |                                 | City        |                              |                              | State                              | Zip  |  |
| Email<br>TRAINER II<br>Name                         | NFORMATION                            | (must be fille               | d out, if there i                  | s no trainer, o               | wner may writ                   | e "same" in | trainer informatio           | Add.S<br>on) Stall<br>RV/tra | havings @<br>Clean ou<br>ailer Cam | ② \$40.00 \$<br>② \$8/ea \$<br>ut \$25 ea \$<br>ping hook up<br>per night \$ |  |
| City  |                                       |                              | State                              | Zip                           | Phone                           |             |                              | TOTAL F                      | EES (THIS                          | S PAGE) \$   |  |
| Email   | AD AND CO                             | OMPLETE                      | RELEASE A                          | SSUMPTIC                      | N OF RISK                       | , RELEAS    | E AND HOLD                   | Check Pay                    |                                    |  |  |
| competition. I                                      | AM FULLY AW<br>ES, DEATH, DA          | ARE AND AC                   | KNOWLEDGE                          | THAT PARTIC                   | CIPATION IN T                   | HIS COMP    | ETITION INVOLV               | ES SERIOUS                   | RISKS OF I                         | ipate voluntarily in this<br>HARM, INCLUDING PER-<br>IM AND DAMAGES TO N     |  |
| facilities, and a                                   | all of their resp<br>ny participation | pective Agen<br>n in the com | ts, Servants, E<br>petition, belor | mployees an<br>nging to me, o | d Volunteers<br>or legally caus | (Collective | ly the "Released             | Parties") fro                | om any cla                         | n, the Competition, the ims, relating to the com losses, injuries or illness |  |
| I further agree<br>made by the ju                   |                                       |                              |                                    |                               |                                 |             |                              |                              |                                    | understand all decision  |  |
| Owner-** <b>M</b>                                   | landatory N                           | lo Junior S                  | ignatures                          |                               | Si                              | gnature     | X                            |                              |                                    |  |  |
| Trainer or C  |                                       | _                            |                                    | •                             |                                 |             |                              |                              |                                    |  |  |
| ior 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 |                              |                              |                                    |  |  |
| Rider 3 - **  | Mandatory                             | <b>No Junior</b>             | <b>Signatures</b>                  |                               | Si                              | Signature X |                              |                              |                                    |  |  |