

DATE _____ CTAHA ENTRY FORM HORSE # _____

Breed: ___ Arab ___ Half-Arabian ___ QH ___ Other ___ Stallion ___ Mare ___ Gelding

DOB for W/T 12 & Under _____

Horse Name _____ Current Coggins _____

Owner _____

Address (City, State, Zip) _____

Phone _____ Email _____

Rider #1 _____

Classes for Rider #1 _____

Rider #2 _____

Classes for Rider #2 _____

WAIVER: All entries are accepted with the understanding that neither CTAHA nor this facility will be responsible for any loss, personal injury, or damage to horses exhibited or for any article of any kind or any nature that may be lost or destroyed or in any way damaged. All horses shall be under the control and direction of the Show Committee but solely at the risk of the exhibitor who will be responsible for any loss, damage or injury to any person, animal, or property occasioned by him or his agents or employees, or by an animal owned or exhibited by him, and shall indemnify CTAHA and this facility against any and all loss, damage and liability thus occasioned including, but not limited to, any and all legal acts, including attorney fees which may be incurred as a result thereof. The submitting of an entry form to Show Management shall constitute an acceptance of the provisions herein set forth.

Signature _____ Date _____

FILL OUT FORM, SAVE IT AND EMAIL TO: liarakos9868@sbcglobal.net by THURS. PRIOR TO SHOW!
FOR OFFICE USE ONLY

Class Sponsorships @ \$5 ea. _____

Classes Sponsored #'s _____

Classes @ \$10 _____

Trail Warmup \$5 _____

Office Fee \$10 _____

Grounds Fee \$10 _____

Paid _____

Stalls \$30 _____

Cash ___ Check# _____

TOTAL _____

Or Open Check (Name _____)

