

# 2023 Team Tournament Entry Form

Team Tournament Entry Fee \$50/person. Must enter class on the World Show Entry Form

Please Check one:  YOUTH (NOVICE YOUTH/10 & UNDER) DIVISION  AMATEUR (NOVICE AMA/SELECT) DIVISION

Team Name: \_\_\_\_\_ State \_\_\_\_\_

Points Tabulator: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Contestant #1

Exhibitor Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_ Back # \_\_\_\_\_

Class 1. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 2. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 3. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 4. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

### VERIFACATION BY APPLICANT

I have read and understand the rules of the ARHA World Show Amateur Team Tournament. By signing this below, I agree and accept to follow the rules as stated. I also agree to follow the directions of the ARHA Amateur Committee and demonstrate good sportsmanship and horsemanship with my team members.

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
ARHA Membership #

\_\_\_\_\_  
Date

## Contestant #2

Exhibitor Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_ Back # \_\_\_\_\_

Class 1. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 2. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 3. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 4. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

### VERIFACATION BY APPLICANT

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
ARHA Membership #

\_\_\_\_\_  
Date

## Contestant #3

Exhibitor Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_ Back # \_\_\_\_\_

Class 1. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 2. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 3. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 4. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

### VERIFACATION BY APPLICANT

I have read and understand the rules of the ARHA World Show Amateur Team Tournament. By signing this below, I agree and accept to follow the rules as stated. I also agree to follow the directions of the ARHA Amateur Committee and demonstrate good sportsmanship and horsemanship with my team members.

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
ARHA Membership #

\_\_\_\_\_  
Date

## Contestant #4

Exhibitor Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_ Back # \_\_\_\_\_

Class 1. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 2. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 3. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 4. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

### VERIFACATION BY APPLICANT

I have read and understand the rules of the ARHA World Show Amateur Team Tournament. By signing this below, I agree and accept to follow the rules as stated. I also agree to follow the directions of the ARHA Amateur Committee and demonstrate good sportsmanship and horsemanship with my team members.

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
ARHA Membership #

\_\_\_\_\_  
Date

## Contestant #5

Exhibitor Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_ Back # \_\_\_\_\_

Class 1. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 2. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 3. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

Class 4. Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_

### VERIFACATION BY APPLICANT

I have read and understand the rules of the ARHA World Show Amateur Team Tournament. By signing this below, I agree and accept to follow the rules as stated. I also agree to follow the directions of the ARHA Amateur Committee and demonstrate good sportsmanship and horsemanship with my team members.

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
ARHA Membership #

\_\_\_\_\_  
Date

## AMERICAN RANCH HORSE ASSOCIATION

P.O. Box 186 • Nancy, Kentucky 42544 • Phone: (606) 271-2963 • www.AmericanRanchHorse.net • Email: arhacontact@aol.com