ALL OWNERS & EXHIBITORS MUST BE CURRENT MEMBERS & HORSES MUST B PRE-ENTRY DEADLINE MAY 18, 20	INDIVIDUALS ENTERING THE WORLD SHOW ARE RESPONSIBLE FOR READING & KNOWNING ALL THE WORLD SHOW RULES US funds must accompany the entry form. One entry form per horse. Entries received with out funds will not be considered complete. The post-			
PERSON RESPONSIBLE FOR BILL (exactly as printed on mship of	ard) ARHA M'ship #	mark (P/M) on the envelope con the appropriate entry fees. Entry	taining entry form fees will not be to	and fees will determine held and are deposited
Street Address		upon receipt. Pre-Entries must be pre-entry fee price otherwise late. All owners and exhibitors must	fees will apply.	
City, ST, Zip		amateur, youth, novice and selements. All horses must be regis	ect exhibitors mus	st meet ARHA require-
Phone Number DRIVE	RS LICENSE NUMBER	Include with entry form a PHOTO	COPY OF ARHA	
Are you the owner of the Horse? YES Payback \$\$\$ paid to Name/Address:	NO	and membership card(s). ** Sta must be present to the World s Packet. No entry will be allowed to	Show Office to re	eceive Exhibitors Show
Exhibitors Name #1 ARHA Mship	# Youth DOB	Pattern books may be pre-ordered they will be placed in World Show Office. You may also from the ARHA website. KEEP A COPY OF YOUR EN	ow Exhibitor Pack so download a co	et that is picked up at
Street Address		USE CERTIFIED MAIL/RETURN STALLS AS WE DO NOT SEND LETTER AND/ OR EMAIL. PLEA COMPLETE INFORMATION.	RECEIPT TO VER	OF CONFIRMATION
City, ST, Zip		COWIFLETE INFORMATION.		
		OPEN/AA/JR/SR CLASS FEE:		X \$200 =
Cell Phone # of Participant @ Show	VEST/T-SHIRT SIZE	AMATEUR CLASS FEES:		X \$200=
		NOVICE AMA CLASS FEES:	# Classes	X \$200 =
		SELECT CONCURRENT CLASS FEE	∃ #Classes	X \$300 =
Exhibitors Name #2 ARHA Mship	# Youth DOB	SELECT CONFORMATION OR RANCH!	RIDING#Classes	X\$200=
		YOUTH CLASS FEES:	#Classes	X\$200=
Street Address		YOUTH NOVICE CLASS FEES:	# Classes	X\$200 =
Street Address		YOUTH 10 & UNDER FEES:	# Classes	X\$95=
-		LATE FEE \$35/CLASS AFTER 5/18	# Classes	X\$35 =
City, ST, Zip		LEADLINE (Youth 8 & UNDER)	**\$65.00 **pre-en	TRY ONLY \$
		BOX/COW CATCH/STEER STOP CATTLI	E FEE # Classes	X \$85 =
Cell Phone # of Participant @ Show	VEST/T-SHIRT SIZE	WCH, WRH, R.ROPE CATTLE FE	E #Classes	X \$85 =
<u> </u>		RANCH CUTTING CATTLE FEE	#Classes	X \$85 =
The American Ranch Horse Association, Inc. Release, Assumption	of Risk Waiver & Indemnification	HERD WORK CATTLE FEE	# Classes	X \$100 =
This document waives important legal rights. Please read c		CUTTING CATTLE FEE	# Classes	X \$100 =
I have read the American Ranch Horse Association, Inc. Release, Assump	otion of Risk, Waiver and Indemnifica		#/Classes	X \$35=
tion as printed on this entry form and agree to all its provisions. I unders	S OFFICE FEE \$100 (1 time fee per berse		\$\$100.00	
Competition, the owner and any of his representatives, agents, trainer, les subject to and bound by the American Ranch Horse Association, Inc.	9	,	\$	
Competition and will accept as the final decision of the judges/show com	-	(includes practice)	\$	
said rules and agree to indemnify and hold harmless the America	C, OTHER	(ii loiddoo praodoo)	\$	
WEC, officials, officers, directors, employees, independent contractors facility, trade show vendors, sponsors and/or sponsoring organizations, if			Ψ	
any action taken against ARHA must be brought in the state of Kentucky. Presentation of a signed entry form shall be deemed acceptance of these rules and other rules pertaining to this show. In the event of failure to sign an entry form, the first entry in a class will be deemed acceptance of said rules. BY SIGNING BELOW, I AGREE to be bound by all applicable American Ranch Horse Association, Inc. rules and terms and provisions		REMEMBER TO BRING TO BRING THESE ITEMS TO THE SHOW! 12 month Negative Coggins,14 Day Health papers (in & out of state), EHV1 & EHV4 vaccination record		
of this entry form and competition. I have read the Show Rules.		***Please Include WITH your Entry Form a copy of your		

***Please Include WITH your Entry Form a copy of your ARHA Membership Card(s) and Certificate of Eligibility.

Signature of owner, parent, guardia	an or agent ***MUST SIGN***	Date
Signature of exhibitor	***MUST SIGN***	Date
FOR OFFICE USE	ONLY	Date Rec'ved:
Check #	CC Amount \$	Balance Due \$
Reg papers	Mem CardYTH/AMA/NA	Coggins/Health papers W9

		MPLETE INFORMATION Fee. Decline Credit Co			
VISA	MASTERCARD	DISCOVER _	AMX		
	CREDIT CARD NUM				
SIGNATURE OF CARD HOLDER					
EXP DATE	SECURITY CODE				
$\hfill \square$ I give permission for ARHA to charge my credit card for the amount due with regards to my entry.					