## Arizona Reined Cow Horse Association Spring Jackpot Horse Show May 3 - 4, 2024 th 2025 Reservation Loop Road. Camp Ve

Office Use Only: Date Received: Back #

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Horso's N	lamo:				11013	Se a Own		illation	Breed						
Horse's Name:						Year Foaled:			Breeu	Sex:	s	М	G		
Registration #: Owner's Name:					Horse				ro:	Sex. 3 IVI G					
Owner's Street Address:								Horse Dam:							
							Owner's State:				Owner's Zip:				
Owner's City:  Best Contact Phone:					Email:			5 State.			Owner's Zip.				
NRCHA #:					AZRCHA				SSN or TIN#						
NICOTA #.					Rider # 1 Information				SON OF THE						
					r	1				T			Zip:		
Rider 1 Name:					Birthday://					State:					
At Show Phone:										Email:					
NRCHA #:				Г	AZRCHA:					SSN or TIN#					
Herd Woı	Herd Work / Rein&Cow Schooling					Cow Horse SHOW #1									
CLASS NUMBERS					CLASS NUMBERS					CLASS NUMBERS					
				L											
					F	Rider # 2	Informa	ition							
Rider 2 N	ame:					Bi	rthday: _		1						
NRCHA#:					AZRCHA:					SSN or TIN#					
									_						
Herd Wo	rk / Rein&0	Cow S	chooling		Cow H	orse SHC	W #1								
CLASS NUMBERS					CLASS NUMBERS					CLASS NUMBERS					
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IMPODTA	NT INFOR	MATIC	DNI	<u>L</u>											
PLEASE pro	MPORTANT INFORMATION!  LEASE provide a copy of horse's registration papers, owner's and rider's NRCHA								Stalls \$ 35 per night						
ard(s), and AZRC?HA member information.								RV - \$45 per night							
<b>ELEASE &amp; WAIVER:</b> I, the undersigned, hereby release the Arizona Reined Cow Horse ssociation, Jackpot Ranch, their officers, members, agents, employees, representatives from all claims,							ll claims,	Shavings - \$15 per bag							
which may hereaf	emands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or hich may hereafter I develop or accrue in favor of myself, my heirs, representatives or dependents on account							onarings 4.5 per oug							
for by reason of any injury, loss, damage, which may be suffered by me or them or any of them or to ny property, animate or inanimate, belonging to me or used by me, because of any matter, thing or ondition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger of any urt, injury, or damage which may occur through or by any reason or matter, thing or condition, negligence refealut, or any person whatsoever. By my signature below, I acknowledge that I meet the criteria for igibility to compete in the classes entered according to the guidelines set forth in the NRCHA rulebook.							thing or								
							iteria for	Membership Fees: (See AZ Form)							
							ook.	Late Fee After 4/28: \$30							
Date:	ate:														
	tall With:														
	erson Responsible for Payment:							Email to: myhsentries@gmail.com							
xhibitor Signature:								DO NOT MAIL – Email or text 661-889-8059 if you have trouble							
Parent/Gua	arent/Guardian Signature:														