

RHBAA Celebration Online Entry Form

All information must be complete and submitted by 3:00 pm.

Back Number	Name Of Horse Class Numbers	Registration Number	Coggins & Date	Entry Fee	Rider's Name and Complete Address	Trainer's Name and Complete Address	Owner's Name and Complete Address
					Member # :	Member # :	Member # :
					Member # :	Member # :	Member # :
					Member # :	Member # :	Member # :
					Member # :	Member # :	Member # :
					Member # :	Member # :	Member # :

(THIS SECTION MUST BE COMPLETED)

Must be signed by an Exhibitor or Agent: I, the undersigned, on my own behalf and on behalf of any principal for whom I may be an agent, actual or apparent, enter the above name horses subject to all the rules and regulations of the show and of any organization with whom the show is affiliated. I/We hereby waive all claims against the Racking Horse Breeders Association of any type whatsoever, whether the same be for damages, loss, loss of value or reputation or any claim of any type for loss to myself/ourselves, the horse exhibited, any vehicle, any other article, or to any other person under my/our supervision and control. I/We specifically waive any claim that may arise from exclusion of any horse from showing because of compliance or attempted compliance with any State or Federal law, any regulations there under, or any regulations issued by any affiliating organization. I/We also waive any claims arising out of errors involving book or record keeping. If not signed, the first entrance into the ring as an exhibitor shall be construed as an acceptance of this and all other Racking Horse Celebration

(ALL CHARGES & WINNINGS WILL BE CHARGED/CREDITED TO THIS PERSON)

Member #:

Name: _____

Method of Payment:

Address: _____

Phone: _____

Total Amount Due: