

# 2017 WORLD CHAMPIONSHIP APPALOOSA SHOW

## OFFICIAL NON-PRO NON-QUALIFYING ENTRY FORM

INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED. SIGN BOTTOM OF FORM.

Exhibitor Number - For Office Use Only

Horse's Name

Registration Number

If entering a horse whose registration is pending, please list sire and dam names under registration number.

Class Number	Class Name	ExhibitorName	Membership Number	Class Fee	Equip./Cattle Fee
1. _____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	_____	\$ _____	\$ _____
7. _____	_____	_____	_____	\$ _____	\$ _____
8. _____	_____	_____	_____	\$ _____	\$ _____
9. _____	_____	_____	_____	\$ _____	\$ _____
10. _____	_____	_____	_____	\$ _____	\$ _____

Total  +

Total Fees \$

Entry Deadline: Entries must be received in the ApHC office by **Sept. 28, 2017** for inclusion in the official program and to receive pre-entry prices. All entries received after this date will be assessed a post entry fee of 1 1/2 times the regular price.

Post entries must be made by 5:00 p.m. the day prior to when the class is scheduled to be held.

\* The ApHC will charge a one-time fee of \$50 per horse is assessed to cover the cost of drug testing and office costs. It is not necessary to repeat payment of this fee if the horse is entered in more than one class or division.

add \$50 Administrative/Drug Fee **once** per horse \*

\$

Make checks payable to: Appaloosa Horse Club.

Mail with entries to: Appaloosa Horse Club • 2720 W. Pullman Rd. • Moscow, ID to 83843 or fax to 208-882-8150

Total Charges \$

**Attn. NSBA & Breed of Choice Incentive Entrants: You must complete the additional NSBA or BOCI entry form and submit with this entry.**


Check  Visa  Master Card  Discover Exp. date \_\_\_\_/\_\_\_\_

**Owner's Name**

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Card Number \_\_\_\_\_ CVV Code 

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Exhibitor's Name**

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Appaloosa Horse Club Release, Assumption of Risk, Waiver and Indemnification**

*This document waives important legal rights. Read it carefully before signing.*

I (We) hereby certify that every horse, owner and exhibitor is eligible as entered. I have read the Appaloosa Horse Club Entry Agreement and Release, Assumption of Risk, Waiver and Indemnification as printed in this Competition premium book and agree to all of its provisions. I understand and agree that by entering this Competition, the owner and any of his representatives, agent, trainer, lessee, rider, driver, handler and the horse shall be subject to and bound by the Appaloosa Horse Club by-laws and rules and the rules of this Competition and will accept as final the decision of the show Protest Committee and/or Disciplinary Committee on any question arising under said rules and agree to indemnify and hold harmless the Appaloosa Horse Club (ApHC), the Competition, officials, officers, directors, employees, independent contractors, agents, personnel, volunteers, the host city Convention & Visitors Bureau, the host facility, trade show vendors, sponsors and/or other sponsoring organizations, if any, for any action taken. I agree that any actions against the ApHC must be brought in the state of Idaho. Presentation of a signed entry form shall be deemed acceptance of these rules and all 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 Appaloosa Horse Club rules and all terms and provisions of this entry blank and Competition.

**Trainer's Name**

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of owner, parent, guardian or agent. \_\_\_\_\_