VAHA ALL BREED SCHOOLING HORSE SHOW

AUGUST 10, 2014 AT RANCHOTEL

5780 Rivera Rd., Vacaville
On I – 80, 1 mile west of
Vacaville (Pena Adobe Exit)

Mail Entry & Fees to:
Christine Hildebrand – HS Secretary
1512 Cypress, Davis, CA 95616
(530) 867-0666 / childe6425@aol.com

*Arabian Reg. # _____
Need Copy of Arabian or Half Arabian Registration Papers
*Name of Arabian Club you belong to: _____

USE SEPARTE FORM FOR EACH HORSE

SHOW DATE: **8/10/14**

EXHIBIT NO.

FOR SHOW USE ONLY				BREED *	SEX	AGE	HORSE NAME	
Place Won	Eng. Pts.	West Pts.	Arab Pts.	TITLE OF CLASS	CLASS #	RIDER OR HANDLER		CLASS FEE

Total Class Entries

Drug Fee Per Horse **$5.00**

Total Paid

ENTRY FEE: $10.00 A CLASS ($12.00 CHAMPIONSHIP)
ENTRY FEE DAY OF SHOW: $11.00 A CLASS ($12.00 CHAMP)

Horse Show Sponsored by: ***Vintage Arabian Horse Assoc.***
Show Manager: Debra Meier (707) 689-1661

Checks payable to VAHA

THIS FORM MUST BE SIGNED BY EXHIBITOR OR AUTHORIZED AGENT & PARENT OR GUARDIAN OF JUNIOR

I hereby enter the above horse(s) at my own risk and subject to all rules and regulations of the show. I further agree that if any damage be occasioned by, or loss or damage occur to the horse(s) exhibited from any cause, or to any equipment that I may send with such horses, I will make no claims thereof. I participate voluntarily in the show fully aware that horse sports and competition involve inherent dangerous risk of serious injury or death, and by participating (we) expressly assume any and all risks of injury or loss, and agree to indemnify VINTAGE ARABIAN HORSE ASSOCIATION AND RANCHOTEL HORSE CENTER, their employees and volunteers harmless against any legal proceedings for personal injuries or property damage arising from an accident occasioned by any employee, rider, driver, handler, agent or entry of mine and from and against all claims including for any injury or loss suffered during or in connection with the show, whether or not such claim, injury or loss resulted, directly or indirectly, from negligent acts of admissions of said officials, directors, employees or volunteers of the VAHA, RHC or show.

OWNER_____HANDLER_____AGE_____

ADDRESS_____ADDRESS_____

CITY_____ZIP CODE_____CITY_____ZIP CODE_____

PHONE (____)_____PHONE (____)_____

SIGNATURE_____

Owner of Horse or Adult Rider — Parent or Guardian of Minor Exhibitor