Arizona Reined Cow Horse Association Spring Jackpot Herd Practice & Horse Show May 5-6, 2023 Jackpot Ranch 2025 Reservation Loop Road, Camp Verde AZ 86322

Office Use Only: Date Received:

Back #

	Horse	& Own	er intor	mation						
Horse's Name:					Breed:					
Registration #:			Year Foaled:			Sex:	S	М	G	
Owner's Name:			Horse Sire:							
Owner's Street Address:				Horse Dam:						
Owner's City:			Owner'	Owner's State: Owner's Z					ip:	
Best Contact Phone:			nail:							
NRCHA #: AZRCHA				SSN or TIN#						
Rider # 1 Information										
Rider 1 Name:			Birthday://			State: 2			Zip:	
At Show Phone:		Email:								
NRCHA #:		A:		SSN or TIN#						
Herd Work / Open Boxing	W #1									
CLASS NUMBERS (CLASS NUMBERS			CLASS NUMBERS				
	L								ı	ı
	Ric	der # 2 I	nforma	tion						
Rider 2 Name: Birthday://										
NRCHA #:			CHA:	SSN or TIN#			l#			
Herd Work / Open Boxing Cow Horse SHOW #1										
CLASS NUMBERS C			CLASS NUMBERS			CLASS NUMBERS				
MPORTANT INFORMATION!	_									
PLEASE provide a copy of horse's registration papers, owner's and rider's NRCHA ard(s), and AZRC?HA member information.				Stalls \$ 35 per night						
RELEASE & WAIVER: I, the undersigned, hereby release the Arizona Reined Cow Horse				RV - \$45 per night						
Association, Jackpot Ranch, their officers, members, agents, employees, representatives from all claims, lemands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or				Shavings - \$15 per bag						
which may hereafter I develop or accrue in favor of myself, my heirs, representatives or dependents on account of or by reason of any injury, loss, damage, which may be suffered by me or them or any of them or to iny property, animate or inanimate, belonging to me or used by me, because of any matter, thing or										
condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger of any nurt, injury, or damage which may occur through or by any reason or matter, thing or condition, negligence				Membership Fees: (See AZ Form)						
or default, or any person whatsoever. By my signature below, I acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth in the NRCHA rulebook.				Late Fee After 4/28: \$30						
Dete:				200 1 00 7 1101 1720 1930						
Date:										
Stall With:				Email to	: myhsen	tries@	gmail.	com		
Person Responsible for Payment:					OT MAIL -					
Exhibitor Signature:				Email o	r text 66 l	-889-08	3059 i	f you h	ave trouble	2
Parent/Guardian Signature: Exhibitors 18 & under)										