Arizona Reined Cow Horse Association Fall Jackpot Horse Show November 8 - 9, 2024 Jackpot Ranch 2025 Reservation Loop Road, Camp Verde AZ 86322

Office Use Only: Date Received: Back #

Horse & Owner Information												
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's State:					Owner's Zip:				
Best Contact Phone:			Email:									
NRCHA #:				AZRCHA				SSN or TIN#				
Rider # 1 Information												
Rider 1 Name:			Birthday:///				State: Zip:					
At Show Phone:	Email:											
NRCHA #:		AZRCHA:					SSN or TIN#					
Herd Work / Rein&Cow S	Cow Horse SHOW #1											
CLASS NUMBERS		CLASS NUMBERS					CLASS NUMBERS					
		l l				<u>. </u>						
Rider # 2 Information												
Rider 2 Name: Birthday://												
NRCHA #:			AZRCHA:			SSN or TIN#						
Herd Work / Rein&Cow S	chooling	0	01101	N. 44								
CLASS NUMBERS	1	CLASS NUMBERS					CLASS NUMBERS					
IMPORTANT INFORMATION	тна [Stalls \$ 35 per night										
PLEASE provide a copy of horse's registration papers, owner's and rider's NRCHA card(s), and AZRC?HA member information.					RV - \$45 per night							
RELEASE & WAIVER: I, the undersigned, hereby release the Arizona Reined Cow Horse Association, Jackpot Ranch, their officers, members, agents, employees, representatives from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter I develop or accrue in favor of myself, my heirs, representatives or dependents on account				Horse								
				ined, or	Shavings - \$15 per bag							
of or by reason of any injury, loss, damage, which may be suffered by me or them or any of them or to any 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 hurt, injury, or damage which may occur through or by any reason or matter, thing or condition, negligence or default, or any person whatsoever. By my signature below, I acknowledge that I meet the criteria for				gligence	Membership Fees: (See AZ Form)							
eligibility to compete in the classes entered according to the guidelines set forth in the NRCHA rulebook.					Late Fee After 4/28: \$30							
Date:												
Stall With:				L	Email to compile contribution (Contribution)							
Person Responsible for Payment:					Email to: emailmyentries@gmail.com DO NOT MAIL —							
Exhibitor Signature:					Email or text 623-217-3879 if you have trouble							
Parent/Guardian Signature:												