



# One Day Show Entry Form

SEND TO:

Include a copy of horse registration papers & copy of owner/trainer/exhibitor AHA Competition Membership cards

Kathryne Baldwin  
PO Box 1004  
Lockeford, CA 95237  
kathrynebaldwin9@gmail.com

	Horse Name _____	Registry _____	Registration # _____	Sex _____	Year Foaled _____
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Office Use

Owner Name \_\_\_\_\_ (exactly as it appears on papers) AHA # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Exhibitor 1 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Class #: \_\_\_\_\_

Exhibitor 2 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Class #: \_\_\_\_\_

Exhibitor 3 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Class #: \_\_\_\_\_

Trainer Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

_____	Class Fee @ \$15	\$ _____
_____	Office Fee @ \$10	\$ _____
_____	AHA Single Event Member Fee @ \$35/person	\$ _____
_____	Trailer in fee @ \$30 (if no stall)	\$ _____
_____	Post Entry Fee @ \$20	\$ _____
_____	Stall/Tackroom \$95	\$ _____
_____	CA Drug Fee @ \$14	\$ _____
_____	9-90 fee @ \$10	\$ _____

**Total Enclosed Fees** \$ \_\_\_\_\_

Make Checks Payable to **AHANC**  
Please email late entries and pay at show

ENTRIES CLOSE:

**November 18, 2023**

**Please read and complete release**

### ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT

I agree as follows by signing this entry:

I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME ALL RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY.

I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) Arabian Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my Horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.

I further agree to adhere to the rules set forth in the Arabian Horse Association One Day Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

\_\_\_\_\_  
Exhibitor or Parent/Guardian

\_\_\_\_\_  
Trainer

\_\_\_\_\_  
Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date