

Name of person who will be paying this horses fees: _____ ARHA Non-Pro Derby

HORSE INFORMATION

Registered Name: _____ Foal Year: _____ Sex: Mare Gelding Stallion (circle one)
 Purebred / Half-Arabian (circle one) Registry Number: _____ Trainer: _____

OWNER INFORMATION

Name	ARHA #	Exp. Date	**SSN or TIN for Winnings	Phone #	E-Mail Address
Owner					
Co-Owner					

Address: _____ City, State, Zip: _____ **SSN or TIN Must Be On File To Receive Payout Checks

EXHIBITOR INFORMATION

RIDER	
Name:	DOB:
ARHA #	Exp. Date:
Relationship to Owner:	
Class Name	Class Fee
NON PRO DERBY	\$250.00
INTERMEDIATE NON PRO DERBY	\$250.00
LIMITED NON PRO DERBY	\$250.00
ROOKIE NON PRO DERBY	\$100.00
PRIME TIME NON PRO DERBY	\$250.00
PRIME TIME PLUS (65 & OVER) DERBY	\$250.00
Total class fees for this Exhibitor _____	

In consideration of my participation in the equine event known as the Scottsdale Arabian Horse Show, I hereby grant the ARHA the right to record, broadcast and other wise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.
 I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the Arabian Reining Horse Association and the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors, and assigns, from and against any of my participation in the event including without limitation, any personal injuries or damages to my property which I may incur as a result of performing in a reining horse class.
 I have read and understand the terms and conditions of the entry and agree to abide by those terms and conditions and the NRHA rules and regulations.
 I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of the Release and Waiver of Liability.
 I warrant that I am of legal age and that I have read and fully understand the foregoing terms.
 Name: _____
 Signature: _____

Class Fees: \$ _____
 Office Fees: \$25.00
 Total Amount Due: \$ _____

- Entries Close December 15.
- Scottsdale horse show entries must be mailed separately and to the scottsdale horse show address: (PO Box 13865 Scottsdale, AZ 85267)
- All stalls must be purchased with the scottsdale horse show entries.
- Copy of horse registration and owner arha cards must accompany entry form.
- Prize money will not be mailed without a social security number.

Include the following items with your completed entry form & Mail To:
 Phyllis LaMalfa Attn: ARHA Non-Pro Derby PO Box 25908 Scottsdale AZ 85255

- Copy of Owner & Exhibitor's Current Membership Card(s)
 - Copy of Horse's Registration Papers
 - Check Made Out To: ARHA
 - Signed Exhibitors Release of Liability Form
- If you have questions please contact Phyllis LaMalfa at 480-707-3505 Fax: 480-513-3902 E-Mail: phyllis.lamalfa@gmail.com

For Office Use Only

Verify that the following items are present & correct:
 ARHA Card for: Owner Exhibitor
 SSN or TIN for Owner
 Check: Open or \$ _____
 Signed Release

MISSING INFORMATION: