

# 2021 WORLD CHAMPIONSHIP APPALOOSA SHOW

## OFFICIAL NON-PRO ENTRY FORM

INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED. SIGN BOTTOM OF FORM.

Exhibitor Number - For Office Use Only

Horse's Name

Registration Number

Class Number	Class Name	Name of Non-Pro	Non-Pro Number	Class Fee	Equip./Cattle Fee
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____
4.	_____	_____	_____	\$ _____	\$ _____
5.	_____	_____	_____	\$ _____	\$ _____
6.	_____	_____	_____	\$ _____	\$ _____
7.	_____	_____	_____	\$ _____	\$ _____
8.	_____	_____	_____	\$ _____	\$ _____
9.	_____	_____	_____	\$ _____	\$ _____
10.	_____	_____	_____	\$ _____	\$ _____

Total  +

Entry Deadline: Entries submitted in writing must be in the ApHC office no later than Oct. 1, 2021, to be processed at pre-entry prices. Entries processed using the online entry system must be processed no later than Oct. 6, 2021, to receive pre-entry prices. All entries received or processed after these dates will be assessed a \$40.00 post entry fee.

Post entries must be made by 6:00 p.m. the day prior to when the class is scheduled to be held.

\* A one-time fee of \$50 per horse is assessed to cover the cost of drug testing and office costs. It is not necessary to repeat payment of this fee if the horse is entered in more than one class or division.

Total Fees \$

add \$50 Administrative/Drug Fee once per horse \*

Total Charges \$

Make checks payable to: Appaloosa Horse Club.

Mail with entries to: Appaloosa Horse Club • 2720 W. Pullman Rd. • Moscow, ID to 83843 or fax to 208-882-8150

Check enclosed

**Attn. NSBA Entrants: You must complete the additional entry form and submit it along with this entry.**

**Attn. Post Entry Fees must be completed online.**

VISA  Master Card  Discover Exp. date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(A 3% CREDIT CARD SURCHARGE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS)

Card Number \_\_\_\_\_ CVV Code 

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Appaloosa Horse Club Release, Assumption of Risk, Waiver and Indemnification**

*This document waives important legal rights. Read it carefully before signing.*

I (We) hereby certify that every horse, owner and exhibitor is eligible as entered. I have read the Appaloosa Horse Club Entry Agreement and Release, Assumption of Risk, Waiver and Indemnification as printed in this Competition premium book and agree to all of its provisions. I understand and agree that by entering this Competition, the owner and any of his representatives, agent, trainer, lessee, rider, driver, handler and the horse shall be subject to and bound by the Appaloosa Horse Club by-laws and rules and the rules of this Competition and will accept as final the decision of the show Protest Committee and/or Disciplinary Committee on any question arising under said rules and agree to indemnify and hold harmless the Appaloosa Horse Club (ApHC), the Competition, officials, officers, directors, employees, independent contractors, agents, personnel, volunteers, the host city Convention & Visitors Bureau, the host facility, trade show vendors, sponsors and/or other sponsoring organizations, if any, for any action taken. I agree that any actions against the ApHC must be brought in the state of Idaho. Presentation of a signed entry form shall be deemed acceptance of these rules and all other rules pertaining to this show. In the event of failure to sign an entry form, the first entry in a class will be deemed acceptance of said rules. BY SIGNING BELOW, I AGREE to be bound by all applicable Appaloosa Horse Club rules and all terms and provisions of this entry blank and Competition.

Signature of owner, parent, guardian or agent. \_\_\_\_\_

Owner's Name \_\_\_\_\_

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Exhibitor's Name \_\_\_\_\_

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Trainer's Name \_\_\_\_\_

ApHC Membership Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_