

OWNER'S NAME _____

TRAINER'S NAME _____

SHOW SECRETARY: JUDY McMANAMA, 11930 E 211TH ST, NOBLESVILLE IN 46060 Phone: 317-750-7590

Please type or print. Only one owner per entry form. All entries must be complete. Enclose correct fee, copies of registration papers, purchase contract (if applicable), measurement card, USEF membership cards for each rider, driver, handler, owner, trainer, coach, and amateur certification (if applicable). Owners and trainers of Saddlebreds, Hackneys and Roadsters enclose a copy of ASHA, AHHS and ARHPA membership cards.

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|-----------------------------|---------------------------|---------------------|---------------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|------------|
| | NAME OF HORSE/PONY | REG NO. | MEAS. CARD # | | ARHPA # | | SEX | | COLOR | HEIGHT | YOB |
| | | | | | | | Sire: _____ | Dam: _____ | | | |
| RIDER/DRIVER/HANDLER | | JR EXHIB DOB | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | |
| | | | | | | | | | | | |
| | NAME OF HORSE/PONY | REG NO. | MEAS. CARD # | | ARHPA # | | SEX | | COLOR | HEIGHT | YOB |
| | | | | | | | Sire: _____ | Dam: _____ | | | |
| RIDER/DRIVER/HANDLER | | JR EXHIB DOB | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | |
| | | | | | | | | | | | |
| | NAME OF HORSE/PONY | REG NO. | MEAS. CARD # | | ARHPA # | | SEX | | COLOR | HEIGHT | YOB |
| | | | | | | | Sire: _____ | Dam: _____ | | | |
| RIDER/DRIVER/HANDLER | | JR EXHIB DOB | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | Class No | Entry Fee | |
| | | | | | | | | | | | |

Each person signing this entry form acknowledges that he/she has read the front and reverse side of this entry form and agrees to the applicable forms, conditions, waivers and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

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| Stabling Information |
| Stable With |
| Horse Arrival Date |
| Horse Departure Date |
| Trainer's Hotel |
| Emergency Contact Number Cell Phone |

We cannot accept American Express cards
A 4% surcharge on credit card payments will be applied

| | |
|--|---------------|
| Billing Information | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Email | |
| Credit Card Information | |
| <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover | |
| Cardholder Name | |
| Account No | |
| Exp Date | Security Code |
| Signature | |

MAKE CHECKS PAYABLE TO:
ALL AMERICAN HORSE CLASSIC

| | |
|-----------------------------------|--|
| TOTAL ENTRY FEES | |
| POST ENTRY FEES | |
| \$30 Per Horse | |
| STALLS | |
| Stalls (\$180 each) | |
| Tack (\$180 each) | |
| AHHS Futurity Stall | |
| AHHS Futurity (\$180 each) | |
| USEF FEE (Drug + USEF Fee) | |
| Horses (\$23 each) | |
| VEHICLE PASS | |
| (\$50 each) | |
| OFFICE FEE | |
| \$30 PER HORSE | |
| RINGSIDE TABLE | |
| \$300 PER 6 SEATS | |
| TOTAL AMOUNT DUE: | |



ALL AMERICAN HORSE CLASSIC

PLEASE COMPLETE REVERSE SIDE
FILL IN ALL INFORMATION ON BOTH SIDES INCLUDING EMAIL ADDRESSES
AND EMERGENCY/CELL PHONE NUMBERS

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of The All American Horse Classic (Competition). I agree I am subject to the Bylaws and Rules of the Federation and of the Competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the Competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition, sport or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4

BY SIGNING BELOW I AGREE to be bound by all applicable Federation rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owner (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen Y N

Owner Signature

| |
|------------------|
| Print Name |
| Address |
| City, State, Zip |
| Cell Phone |
| Email |

| | |
|---------|--|
| USEF# | |
| ASHBA# | |
| AHHS # | |
| ARHPA # | |
| UPHA # | |
| ADHHA # | |

Trainer (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen Y N

Trainer Signature

| |
|------------------|
| Print Name |
| Address |
| City, State, Zip |
| Cell Phone |
| Email |

| | |
|---------|--|
| USEF# | |
| ASHBA# | |
| AHHS # | |
| ARHPA # | |
| UPHA # | |
| ADHHA # | |

Rider/Driver/Handler/Agent (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen Y N

Rider/Driver/Handler/Agent Signature

| |
|------------------|
| Print Name |
| Address |
| City, State, Zip |
| Cell Phone |
| Email |

| | |
|---------|--|
| USEF# | |
| ASHBA# | |
| AHHS # | |
| ARHPA # | |
| UPHA # | |
| ADHHA # | |

Rider or Coach (If applicable)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen Y N

Rider or Coach Signature

| |
|------------------|
| Print Name |
| Address |
| City, State, Zip |
| Cell Phone |
| Email |

| | |
|---------|--|
| USEF# | |
| ASHBA# | |
| AHHS # | |
| ARHPA # | |
| UPHA # | |
| ADHHA # | |