



MAHA Memorial Day Show – Sat, May 26, 2018

Please include a copy of the horse's registration papers and owner/trainer/exhibitor AHA Competition Membership cards.

This form is for Arabs/Half Arabs only.

SEND TO:
 MAHA
 7 Cottonwood Way
 Absarokee, MT 59001
 nrohde57@gmail.com
 406-860-1474

	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color
	Breed		Sire		Dam				
Rider 1	Classes								
Name					DOB MM/DD/YY		Amateur Certificate Yes No		
AHA #					Amateur Relationship to horse owner				
Address				City		State		Zip	
Rider 2	Classes								
Name					DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#					Amateur Relationship to horse owner				
Address				City		State		Zip	
Rider 3	Classes								
Name					DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#					Amateur Relationship to horse owner				
Address				City		State		Zip	

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____
 AHA# _____ Farm/Ranch _____
 Current Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

TRAINER INFORMATION (Must be filled out. If there is no trainer, please use owner info)

Name _____
 AHA# _____ USEF/EC# _____
 Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

This form is for Arabians/Half Arabians ONLY.

Class Fee - \$25 x # of classes _____	\$ _____
TBA Class - \$10 (Plus class fee) x # of classes _____	\$ _____
Office Fee - \$20	\$ 20
AHA Single Event Membership - \$35	\$ _____
AHA Resolution 9-90 - \$4	\$ 4
AHA Results Reporting - \$4	\$ 4
Late Entry Fee - \$20	\$ _____
Total:	\$ _____

Please make checks payable to: MAHA

USE STALL FORM FOR STALLS, SHAVINGS, EARLY/LATE ARRIVAL, AND CAMPING.

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.

Owner -** Mandatory	No Junior Signatures	Signature X
Trainer or Custodian of horse @ show - ** Mandatory	No Junior Signatures Adult Owner must sign if no trainer	Signature X
Rider 1 - ** Mandatory	No Junior Signatures	Signature X
Rider 2 - ** Mandatory	No Junior Signatures	Signature X
Rider 3 - ** Mandatory	No Junior Signatures	Signature X



MAHA Memorial Day Show – Sun, May 27, 2018

Please include a copy of the horse's registration papers and owner/trainer/exhibitor AHA Competition Membership cards.

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 Billings, MT 59103
 nrohde57@gmail.com
 406-860-1474

	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color
	Breed		Sire		Dam				
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Rider 2	Classes								
Name					DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#					Amateur Relationship to horse owner				
Address				City		State		Zip	
Rider 3	Classes								
Name					DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#					Amateur Relationship to horse owner				
Address				City		State		Zip	

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Rider 3 -** Mandatory	No Junior Signatures	Signature X

MAHA Stall Form

Multiple horses can be included on the same form. Please include payment for items on this form with your entry check, and submit this form with your entries. **One bag of shavings will be included free of charge with each horse stall.**

Billing Name: _____

Stabling Requests: _____

Horse stalls - \$75 x # of stalls _____ \$ _____

Tack stalls - \$75 x # of stalls _____ \$ _____

Early arrival/late departure - \$25/night x # of nights _____ \$ _____

Shavings - \$8.50 x # of bags _____ \$ _____

Camping - \$30/night x # of nights _____ \$ _____

Sub -Total: \$ _____

For Office Use Only

Added Stalls: # of stalls _____ \$ _____

Added early arrival/late departure: # of nights _____ \$ _____

Added shavings: # of bags _____ \$ _____

Added camping: # of nights _____ \$ _____

Sub-total: \$ _____

Total: \$ _____