

Check List

<input type="checkbox"/>	Entry Form
<input type="checkbox"/>	Registration Papers
<input type="checkbox"/>	Coggins
<input type="checkbox"/>	Check/Money Order

AMERICAN CUTTING HORSE ASSOCIATION
2017 Championship Show, December 27-30
Aged Event Entry Form
\$12,000 ADDED
Points Earned Will Count Toward Year End Standings
Unlimited Entries Per Rider

Entry Deadline: In ACHA Office by December 13 (Late fee \$100/horse)

2 Go Rounds - Payout in Each Go Round - Circuit Awards Based on Combined Scores

HORSE (one horse per entry form, designate each class for horse and rider)

Attach a copy of registration papers and current coggins good through show dates

Horse Name: _____ Registration # _____

(as listed on registration papers)

Color _____ Sex _____ Year Foaled _____

HORSE OWNER (Must be ACHA member)

Owner: _____ ACHA# _____

Address: _____ City/State: _____ Zip: _____

Social Security Number _____ Phone _____

RIDER (Must be ACHA member)

A Rider: _____ ACHA# _____

Address: _____ City/State: _____ Zip: _____

Social Security Number _____ Phone: _____

B Rider: _____ ACHA# _____

Address: _____ City/State: _____ Zip: _____

Social Security Number _____ Phone: _____

DESIGNATE RIDER A OR B NEXT TO CLASS

Rider	Class	Rider	Class
<input type="checkbox"/>	3 YR Open - \$1000 Added/Day (Total EF \$690)	<input type="checkbox"/>	3 YR Non Pro - \$1000 Added/Day (Total EF \$690)
<input type="checkbox"/>	4 YR Open - \$1000 Added/Day (Total EF \$690)	<input type="checkbox"/>	4 YR Non Pro - \$1000 Added/Day (Total EF \$690)
<input type="checkbox"/>	5/6 Open - \$1000 Added/Day (Total EF \$690)	<input type="checkbox"/>	5/6 Non Pro - \$1000 Added/Day (Total EF \$690)

Entry Fee Breakdown - \$345/Go Round - \$125 Jackpotted - 3 Fresh Head Per Horse

STALL INFORMATION (Stall required for each horse , no tying in show arena or parking lot)

Stalls \$30/night Shavings \$10/bag RV Hookup \$35/night Check In and Make Payment With Show Secretary

FEE SUMMARY (TOTAL for this horse only)

Total Entry Fees	(\$690/Class)	\$ _____
ACHA Memberships	_____ x \$50.00	\$ _____
Late Fee	_____ x \$100.00	\$ _____
TOTAL DUE		\$ _____

Practice Pen Available Daily
 Cattle \$40/5 min Flag \$10/5 min
 Incomplete entry forms will not be accepted. Classes will be drawn on December 20. Full payment must be received by December 20, or entry will not be in the draw. Add-ons will be accepted after the draw with late fee. Schedule subject to change without notice. Stay tuned to website: americancuttinghorse.com.

Prize Money Payable To (if not designated, Owner will be paid)

Owner Rider

Return forms to:

ACHA
PO Box 2443
Brenham, TX 77834
Phone: 979-836-3370
Fax: 979-251-9971
Email: achacutting@yahoo.com

As a condition of my entry, I hereby release the ACHA, show management, and the Brazos County Expo Center of any liability for accidents, bodily injury or damage to any animal, equipment or other personal property. This waiver is binding on all riders, grooms and helpers associated with the participation of horse described herein. The ACHA has the right to refuse any entries.

Signature of Owner/Agent _____