

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

2016 Championship Show, September 14-18

Aged Event Entry Form

\$12,000 ADDED

Unlimited Entries Per Rider

Entry Deadline: In ACHA Office by September 1, 2016 (Late entries will incur \$100 penalty)

2 Go Rounds - Payout in Each Go Round - Combined Scores Determine Class Champions/Placings

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 Number _____

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 \$670)	<input type="checkbox"/>	3 YR Non Pro - \$1000 Added/Day (Total EF \$670)
<input type="checkbox"/>	4 YR Open - \$1000 Added/Day (Total EF \$670)	<input type="checkbox"/>	4 YR Non Pro - \$1000 Added/Day (Total EF \$670)
<input type="checkbox"/>	5/6 Open - \$1000 Added/Day (Total EF \$670)	<input type="checkbox"/>	5/6 Non Pro - \$1000 Added/Day (Total EF \$670)

Entry Fee Breakdown - \$335/Go Round - \$125/155/55 - 3 Fresh Head Per Horse

STALL INFORMATION (Stall required for each horse)

Trainer _____ *Designate trainer to be stalled by or leave blank to be assigned.*

FEE SUMMARY (TOTAL for this horse only)

Total Entry Fees	(\$670/Class)	\$ _____
Stall (REQUIRED By Bell Co. Expo)	_____ x \$100.00	\$ _____
Tack stall	_____ x \$100.00	\$ _____
Turnback horse stall	_____ x \$100.00	\$ _____
ACHA Memberships	_____ x \$50.00	\$ _____
Late Fee	_____ x \$100.00	\$ _____
TOTAL DUE \$		_____

Practice Pen Available Daily
 Cattle \$40/5 min Flag \$20/5 min
 A blank check payable to ACHA must be left in practice pen or all works paid in full at time of works.
 Incomplete entry forms or entry forms received without full payment will be returned without exception.
 Schedule subject to change without notice. Stay tuned to website: achacutting.org
Email for more info: achacutting@yahoo.com

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

Owner Rider

Return forms to:

**ACHA
PO Box 2443
Brenham, TX 77834
979-836-3370
979-251-9971 Fax**

As a condition of my entry, I hereby release the ACHA, show management, and the Bell 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.