

ALABAMA CHARITY CHAMPIONSHIP HORSE SHOW

October 6-9, 2021

Entries Postmarked after September 22nd Pay Post Entry Fee

Make checks payable to:

ACCHS

Non-US checks must be marked "Payable in US Funds"

Mail To: Sandy Backer

6537 Priscilla Street

Leeds, AL 35094

Phone (573) 220-3430

E-Mail: sandybc09@gmail.com

ONE HORSE PER ENTRY BLANK PLEASE PRINT OR TYPE (Fill out completely)

OWNER _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

TRAINER _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

RIDER/DRIVER/HANDLER _____ **DOB (If Jr. Exhibitor)** _____

Address _____ City/State/Zip _____

Phone _____ Cell Phone # _____ E-Mail _____

Make Prize Money Check Payable to: _____ **Social Security/Tax ID** _____

Address _____ **City/State/Zip** _____

Office use	Horse Name					Registration #	
Color	Sex		Age		Height		
Class #						Total Fees	
Entry Fee							

	Total Entry Fees	\$	Stable With: (must appear on both entry forms) <hr/> Stalls Available Monday, October 4, 2021 (For Earlier Arrival, call Sandy Backer at 573-220-3430) Arrival Date: <hr/> Hotel while at ACCHS: <hr/> Emergency # <hr/>
#	Post Entry Fee @ \$25.00 per Horse after September 22 nd	\$	
#	Stalls @ \$100.00 per Stall	\$	
#	Office Fee @ \$15.00 per Horse	\$	
#	Box Seats (Seats 6) @ \$150.00 per Box	\$	
#	Porch @ \$40.00	\$	
#	Grounds Fee @ \$30.00 (per Day/per Horse)	\$	
#	Sponsorships	\$	
#	Shavings @ \$8.00 per Bag	\$	
#	Early Arrival Fee @ \$15.00 per Stall (Arriving before Monday, October 5, 2020)	\$	
#	RV Hook Up @ \$40.00 per Day	\$	
	TOTAL REMITTANCE TO: ACCHS	\$	

ENTRY AGREEMENT ON TH4 BACK MUST BE SIGNED Signed: YES No

ALABAMA CHARITY CHAMPIONSHIP HORSE SHOW RELEASE OF LIABILITY

I AGREE that neither the Alabama Charity Championship Horse Show and their volunteers and sponsors, American Saddlebred Horse Association of Alabama's (ASHAA) officers, and the Morgan County Celebration Arena, the show management nor the officials of the show, nor any affiliated or participating organizations, will be responsible for any accident, damage, loss or injury to mount, owner, rider or other persons or property. It will be the condition of entry that each exhibitor shall hold the horse show and its management blameless for any loss or accident to any animal, person or property that may occur at the show. Under Alabama law, an equine activity sponsor or equine professional is not liable for any injury or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act. (Code of AL 1975 6-5-337).

I hereby enter the above horse and riders listed on this entry blank at my own risk and subject to all of the rules and regulations of the horse show. I further agree that the show committee of the Alabama Charity Championship Horse Show and their volunteers and sponsors, and the Morgan County Celebration Arena will not be responsible for any accident which may occur to any owner, vendor, spectator, driver, rider, groom, attendance animal, or equipment at the show. Each entry at this show shall constitute an agreement and affirmation that the person making it along with the owner, lessee, trainer, manager, coach, parent, driver, and the horse; shall be subject to the rules of the show; that every horse, rider, and/or driver is eligible as entered; that the owner and any of his representatives agree to hold all persons harmless for any injury or loss resulted directly or indirectly, from the negligent acts of said person.

RIDER/DRIVER/HANDLER (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

OWNER/AGENT (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

TRAINER (Mandatory)

Signature Required (Parent/Guardian if under 18)

Signature: _____

Print Name: _____

PARENT/GUARDIAN SIGNATURE (Required if Rider/Driver/Handler is a Minor)

Minor's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Contact Phone Number: _____