



RHBAA HEADQUARTERS
67 HORSE CENTER RD SUITE B
DECATUR, AL 35603
(256)353-7225
After Hours (256) 616-6693

RHBAA CELEBRATION ENTRY FORM

ALL INFORMATION MUST BE COMPLETED AND CORRECT. NO CHECKS WILL BE HELD. ALL ENTRIES MUST BE MADE BEFORE 5:00PM ON THE DAY OF THE CLASS.

BACK NUMBER	Name of Horse Class Numbers Under	Registration Number	COGGINS # & Date	Entry Fees	RIDER or HANDLER NAME and COMPLETE ADDRESS	TRAINER'S NAME and COMPLETE ADDRESS	OWNER'S NAME and COMPLETE ADDRESS
					Show Card #:	Show Card #:	
					Show Card #:	Show Card #:	
					Show Card #:	Show Card #:	
					Show Card #:	Show Card #:	

(THIS SECTION MUST BE COMPLETED)

Must be signed by an Exhibitor or Agent: I, the undersigned, on my own behalf and on behalf of any principal for whom I may be an agent, actual or apparent, enter the above name horses subject to all the rules and regulations of the show and of any organization with whom the show is affiliated. I/We hereby waive all claims against the Racking Horse Breeders Association of any type whatsoever, whether the same be for damages, loss, loss of value or reputation or any claim of any type for loss to myself/ourselves, the horse exhibited, any vehicle, any other article, or to any other person under my/our supervision and control. I/We specifically waive any claim that may arise from exclusion of any horse from showing because of compliance or attempted compliance with any State or Federal law, any regulations there under, or any regulations issued by any affiliating organization. I/We also waive any claims arising out of errors involving book or record keeping. If not signed, the first entrance into the ring as an exhibitor shall be construed as an acceptance of this and all other Racking Horse Celebration rules.

TRIANER OR EXHIBITOR NAME _____
 SOCIAL SECURITY # OR TAX ID FOR ABOVE NAME _____
 SHOW CARD NUNBER FOR ABOVE NAME _____
 PHYSICAL ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DAYTIME TELEPHONE _____
 SIGNATURE REQUIRED _____ DATE _____

All Horses Must Be Shown in Registered Name

TOTAL ENTRY FEES	\$ _____	GOLF CART PASS	\$ _____
STALLS ____ @ \$ ____	\$ _____	BARN PASS	\$ _____
CAMPER \$ ____	\$ _____	TOTAL	\$ _____
BOX SEATS \$ ____	\$ _____	AMOUNT ENCLOSED	
CHAMPIONSHIP CIRCLE \$ ____	\$ _____	CHECK \$ _____	CASH \$ _____
SHAVINGS ____ @ \$ ____	\$ _____	VISA/MC _____	EXP _____
OTHER _____	\$ _____		

Under Alabama Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Equine Activities Protection Act.