



**2019 World Championship Rope Horse Futurity**

**October 17-19 ~ Fort Worth, Texas**

**ARHFA**

1746 27TH Lane  
Pueblo, CO 81006

Pre-Entry Deadline - September 16, 2019 (postmarked or emailed by this date)

Late Entry Deadline - September 28, 2019 (postmarked or emailed by this date and include \$500 late fee)

**OPEN ENTRY FILLABLE FORM - Save and Email Form**

Phone: (719)214-2528

Email: [arhfa.ropes@gmail.com](mailto:arhfa.ropes@gmail.com) - (Email entries to this email account with cc payment)

<b>HORSE NAME:</b>	<b>REGISTRATION #:</b>	<b>BREED:</b>	<b>YEAR FOALED:</b>
<b>SIRE:</b>	<b>DAM:</b>	<b>BREEDER:</b>	
<b>OWNER:</b>	<b>PHONE #:</b>		

<b>RIDER 1 NAME:</b>	<b>EMAIL:</b>	<b>CELL:</b>	
<b>HEADING USTRC #</b>	<b>Enter me in Ltd Heading</b>	<b>HEELING USTRC#</b>	<b>Enter me in Ltd Heeling</b>
<i>*Limited Eligibility -Rider must be a #6 or lower Header or #7E or lower Heeler to enter the Ltd.</i>			

<b>RIDER 2 NAME:</b>	<b>EMAIL:</b>	<b>CELL:</b>	
<b>HEADING USTRC #</b>	<b>Enter me in Ltd Heading</b>	<b>HEELING USTRC#</b>	<b>Enter me in Ltd Heeling</b>
<i>*Limited Eligibility -Rider must be a #6 or lower Header or #7E or lower Heeler to enter the Ltd.</i>			

**OWNER INFORMATION FOR PAYBACK - ARHFA Earnings will go to the owners or their business only**  
**OWNER NAME OR BUSINESS:** (Please only list the one owner to whom earnings go to)

<b>SOCIAL SECURTIY # OR EIN:</b>	<b>ADDRESS:</b>
<b>CITY:</b>	<b>STATE: ZIP: EMAIL:</b>

<b><u>EXHIBITOR 1 Entries</u></b>	<b><u>EXHIBITOR 2 Entries</u></b>	<b>Note: Open Riders can only ride 5 Horses per class.</b>
1. OPEN HEADING \$1500	1. OPEN HEADING \$1500	
2. OPEN HEELING \$1500	2. OPEN HEELING \$1500	

<b>CLASS &amp; FEE LIST</b>	<b>TOTAL OWED</b>	<b>*Each competing horse will receive 1 Free Stall</b>	
OPEN HEADING (\$1500/ENTRY)		<b>STALLS/MEMBERSHIP</b>	<b># NEEDED TOTAL OWED</b>
OPEN HEELING (\$1500/ENTRY)		# HORSE/TACK STALLS (\$175/STALL OR TACK)	
LATE FEES: (\$500/Horse) if enter Between the dates of Sept. 17-28		NRCHA MEMBERSHIP (\$75) Each rider must be a current NRCHA member.	
<b>TOTAL CLASS FEES/LATE FEES OWED:</b>	<input type="text"/>	<b>TOTAL STALLS/MEMBERSHIPS OWED:</b>	<input type="text"/>
<b>TOTAL AMOUNT DUE TO ARHFA:</b>	<input type="text"/>	<b>X 4 % (Credit Card Processing Fee) =</b>	<input type="text"/>

**I Agree to the terms below**

Waiver and Release of Liability: By checking the box, I hereby acknowledge that I met the criteria for eligibility to compete in the classes entered according to the guidelines set forth by the ARHFA. Registrant also acknowledges that riding & showing horses are inherently dangerous activities that expose the participant to a substantial risk of serious property damage, personal injury, or death. IN consideration of the right to participate in and at the ARHFA Rope Horse Futurity, registrant assumes the risk of injury or death of participating in those activities and hereby releases American Rope Horse Futurity Association (ARHFA) and it's employees, representatives and all other agents associated with ARHFA from liability for any personal injury, property damage, or death that occurs from those activities. Registrant further agrees to release and hold harmless ARHFA, its employees, representatives, agents, & anyone else working at the event who through negligence or carelessness otherwise might be liable in damages to registrant. This release waiver of liability shall be binding on Registrants heirs, representatives, dependents, and successors in interest. I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the ARHFA rules.



American Rope Horse Futurity Association

Credit Card Authorization Form

Card Information
Name as appears on Card: _____
Credit Card Number: _____
Expiration: _____ CVC Number: _____ (3 digits on back of card)
Billing Information
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone Number: _____
Email: _____
Authorization and Charges
Total Entry Fees: \$ _____
Total Late Fees: \$ _____
Total Fees Due: \$ _____ + Administration Fee (4% of total): \$ _____
= Total Amount to be charged: \$ _____
I _____ Authorize ARHFA to charge the credit card provided on this form for the total amount due for the fees listed above.
Date: _____ Signature: _____

Thank you for entering the ARHFA event. If you have any questions regarding the event or the forms please email or call us at:

◆ Email: [arhfa.rope@gmail.com](mailto:arhfa.rope@gmail.com)

◆ Phone: Lindsay Wadhams (719) 439-7255 or Jay Wadhams (719) 214-2528