



2020 World Championship Rope Horse Futurity

October 22-24 ~ Fort Worth, Texas

ARHFA

1701 27th Lane
Pueblo, CO 81006

Pre-Entry Deadline - September 18, 2020 (postmarked or emailed by this date)

Late Entry Deadline - September 30, 2020 (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.rope@gmail.com - (Email entries to this email account with cc payment)

HORSE NAME: _____ **REGISTRATION #:** _____ **BREED:** _____ **YEAR FOALD:** _____.

SEX: _____ **SIRE:** _____ **DAM:** _____.

BREEDER: _____ **OWNER:** _____ **PHONE #:** _____.

RIDER 1 NAME: _____ **EMAIL:** _____ **CELL:** _____.

HEADING USTRC # _____ **HEELING USTRC#** _____ (US or WS # only needed if entering the Limited classes)

NRCHA# _____ **Exp.:** _____ (All riders must be a NRCHA current member) Go to www.nrcha.com to get membership)

**Limited Eligibility -Rider must be a #6 or lower Header or #7E or lower Heeler to enter the Ltd.*

RIDER 2 NAME: _____ **EMAIL:** _____ **CELL:** _____.

HEADING USTRC # _____ **HEELING USTRC#** _____ (US or WS # only needed if entering the Limited Classes)

NRCHA# _____ **Exp.:** _____ (All riders must be a NRCHA current member) Go to www.nrcha.com to get membership)

**Limited Eligibility -Rider must be a #6 or lower Header or #7E or lower Heeler to enter the Ltd.*

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)

SOCIAL SECURITY # OR EIN: _____ **ADDRESS:** _____.

CITY: _____ **STATE:** _____ **ZIP:** _____ **EMAIL:** _____.

**Exhibitors can only ride 5 horses/class!*

EXHIBITOR 1 Entries

- 1. OPEN HEADING \$1500 _____
- 2. LTD OPEN HD \$100 _____
- 3. OPEN HEELING \$1500 _____
- 4. LTD OPEN HL \$100 _____

EXHIBITOR 2 Entries

- 1. OPEN HEADING \$1500 _____
- 2. LTD HD \$100 _____
- 3. OPEN HEELING \$1500 _____
- 4. LTD HL \$100 _____

***Attach or Mail Copies of Horse Papers, NRCHA Membership, and USTRC or WS cards!**

CLASS & FEE LIST	TOTAL OWED	STALLS/MEMBERSHIP	# NEEDED	TOTAL OWED
OPEN HEADING (\$1500/ENTRY)		# HORSE/TACK STALLS (\$180/STALL OR TACK)		
OPEN HEELING (\$1500/ENTRY)				
LIMITED HEADING (\$100/ENTRY)				
LIMITED HEELING (\$100/ENTRY)				
LATE FEE \$500/HORSE SEPT. 19-30 ENTRIES CLOSE THE 30TH		TOTAL DUE FOR ALL FEES AND STALLS:		
		STALL ME WITH: <input style="width: 150px; height: 20px;" 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 & Stall 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
- ◆ Phone: Lindsay Wadhams (719) 439-7255 or Jay Wadhams (719) 214-2528