VOLUNTEER RANCH HORSE ASSOCIATION SHOW TAB

Back #:

Horse's Registered Name:	Sex:	Year Foaled:
ARHA Registration #:	Coggins # & Date:	Health Cert Checked: ☐
Owner's Name:	Owner's ARHA #:	
Address:	Phone #:	E-mail:
City:	State, Zip:	

Exhibitor 1 Name:	ARHA #:	Exp Date:
☐Youth ☐Amateur ☐Open ☐VolRHA Member ☐High Point	Am/Youth #:	Birth Date:
Exhibitor 2 Name:	ARHA #:	Exp Date:
☐Youth ☐Amateur ☐Open ☐VolRHA Member ☐High Point	Am/Youth #:	Birth Date:
Exhibitor 3 Name:	ARHA #:	Exp Date:
☐Youth ☐Amateur ☐Open ☐VolRHA Member ☐High Point	Am/Youth #:	Birth Date:

Responsible Party Name: _____Phone #:_____

Under TN law, an equine professional is not liable for any injury to of the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to TN Code annotated Title 44 Chapter 20.

I hereby enter the above horse at my own risk and subject to the rules and regulations of ARHA and show management. I agree to assume all risk and agree to hold harmless ARHA, Volunteer Ranch Horse Association, show management, show grounds and/or their owners, employees, agents or representatives. Participation in this show signifies agreement by the signee and those in the company of the assignee.

Signature of Responsible Party: _____Date:_____

Exhibitor #	Class #	Cow Class	Class Name	Fee

Payment: ☐ **Cash**
☐ **Check #:** _____ **$50 NSF Fee**

Rec'd By: _____

Misc Fees Description: _____

_____

Total Entry Fees: _____
Stall/Grounds Fee: $40 All Wkd or $25/night: _____
Bedding #: _____ @ 6.50/ea.: _____
Hookup Fee #: _____@ $15/night: _____
Office Fee: _____
Cattle Charge: _____
ARHA Fee: _____
Misc Fees: _____

Total Due:

CO-OP THE OFFICIAL FEED.