

Canada's National Arabian Championship August 8 – August 17, 2024 Westerner Exposition Center, Red Deer, Alberta

ENTRY FORM

with Horse papers, Memberships, Stabling form, Signature on front and back, and payment

MAIL ENTRY FORM & FEES TO:

Canada's National Arabian Championship, Marion Enders, PO Box 6216, Innisfail, AB T4G 1S9 marion@theenders.com

EC #240171-Silver
Please Do Not Use Colored Ink

PLEASE TYPE OR PRINT/ONLY ONE HORSE PER ENTRY FORM. All entries must be complete. Enclose copies of horse registration papers (both sides), Owner classes require Owner on papers. EC/USEF membership cards & Amateur certification; AHA Competition card for each rider, handler, owner.

For more than ONE horse being entered by same owner please copy additional entry forms and complete each in full with all signatures.

Name of Horse		Reg. No		DOB	Sex	Color			
Sire		Dam							
Rider/driver/handler		AHA#	Class #'s	1					
Tridel/dilvel/flandiel									
*Address:		ECF/USEF		1					\dashv
Addiess.									\$
Rider/driver/handler		AHA#	Class #'s						Entry Fees
Rider/driver/frandier		74011	Oldos # 5						
		ECF/USEF							_
*Address:									\$
									Entry Fees
** Acknowledgeme	ent(s) to the "Trainer" or "	Owner" will he sent hy Fl	ΜΔΙΙ **			T	otal of		
	s entry form acknowledges that	•		ry Form and a	aroos to	ENTRY FEES \$includes scoring fee & GST			
the applicable terms, cor	nditions, waivers, releases, ind	emnification and consent as se	et forth herein. E	ach person a	grees				
	ccurate to the best of his/her ki MINOR entrants MUST also h						TABLING		
	on registration papers or co		. ,	•		_	nights -\$	366.45 \$	
		·						k stalls includes	GST
Name			AHA #	·		0	ffice Fee \$8	4.00 \$	
Address			EC/USEF# includes GST						
							C Drug Fee - cludes GST	- \$10.00 \$	
City, Province/State			PhoneShow Program						
Postal Code/Zipemail							iow Fiogra		
7 ootal oodo/2/p	oman					_			
TRAINER shall be signed by the <u>trainer</u> or <u>person responsible</u> for the care, training, custody & performance of the horse GRAND <u>TOTAL</u>									
Name AHA #								\$	
Address			EC/USEF#			F	ntries Clos	se – June 1	5 2024
Address								o, _o	
								Entries: pay	
Amateur Owner N	elationship to Horse Own	er *** PLEASE complete relatio	nship to Owner	for AOTR cl	asses***	E	- I ranster o	r Credit Card	+ 5%
****EMAIL ADDRESS: *** Please print LEGIBLY in dark ink *** *** Please print LEGIBLY in dark ink *** *** For Canadian Cheque or Dra									
		*** Please print LEGIBLY	in dark ink *	**		F	or Canadi	an <u>Cheque c</u>	or Draft
STABLE WITH								will need to	pay
Use common stabling name. Requests for "group" stabling must be sent in the same envelope								Funds by:	·d +5%
*******E-TRANSFER ************************************					E-Transfer,or Credit Card +5% USA Bank Draft – payable to				
Email to : etransfercnac@gmail.com									
Owner or Trainer N	Name on Transfer								
******	*ADEDIT AADD++++	******			-114-		4 		

Complete Form attached to this Entry Form

Total Amount \$

Amount PLUS 5%:

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

Signature of Parent/Guardian

This document waives very important legal rights. Read it carefully before signing.

EQUESTRIAN CANADA NOTICE: "In the event an exhibitor participates in an Equestrian Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions." I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, the competition, their officials, organizers, agents, employees and their representatives. Also, "I hereby certify that every horse listed on this entry form has met the requirements of Vaccinations" Article A519, General Regulation A602.8

The Person responsible (PR) agrees to the r	elease or any information on the entry form to E	EC! A801				
Signature of Person Responsible:		Date:				
		EC #:				
The Person Responsible for a horse must be horse and who has official responsibility for that the EC Rules. For the purpose of these Rules, horse during an event, or a parent or legal gua condition, fitness and management of the hors other person with authorized access to the hors an EC Sport License holder in good standing C case of USEF member entries PR may also be	an adult who has, or shares, responsibility for the case in horse under EC Rules and is liable under the penal the Person Responsible is normally the trainer, ow rdian in the case of junior competitors. The Person e and is alone responsible for any act performed ite, or while the horse is being ridden, driven or exer R in the case of a junior/Minor owner entries, a para USEF member in good standing (see Article A21 ND BY ALL APPLICABLE RULES AND ALL TERMS &	rare, training, custody and performance of the alty provisions of the Rules for any violation of the rough of the competitor who rides or drives the Responsible is ultimately responsible for the nother stables by himself or herself or by any cised. The Person Responsible (PR) must be rent/guardian is entitled to sign as PR. In the 3.2) A802 PROVISIONS OF THIS ENTRY FORM				
NOTE: Address is very important for a	Il Riders, Drivers, Handlers that are not list complete in full	ed on the front of this entry form. Please				
Rider/Driver/Handler (Mandatory)	Owner/Agent (Mandatory)	Trainer (Mandatory) or Custodian of horse at show				
Signature: Signature:		Signature:				
Print Name & Address	**Print Name & Address**	Print Name & **Address**				
Rider/Driver/Handler (Mandatory)	If Rider/Driver/Handler is a MINOR (Mandatory) adult	Coach (If Applicable)				
Signature:	Parent/Guardian ADULT Signature:	Signature:				
Print Name & Address	**Print Parent/Guardian Name & Address** membership not required for this signature	Print Name & Address				
MINOR ENTRANT: NAME	I	DATE OF BIRTH				
Address:	1	Telephone				
MINOR ENTRANT: NAME	I	DATE OF BIRTH				
Address:		Telephone				
"In the event that pa he/she will wear properly fitted and fastened approved requirement will not be allowed to compete at these con	rticipates in an Equine Canada sanctioned competition wheadgear at all times while riding or driving at the event language (A802.6)	where protective headgear is required for juniors, ocation. It is understood that juniors not meeting this				

Emergency Contact Number: ***



CREDIT CARD FORM

NAME:		
ADDRESS:		
CITY/PROVINCE/STATE:		
POSTAL CODE OR ZIP CODE:		
CREDIT CARD NUMBER:		
CREDIT CARD EXPIRY:		
CREDIT CARD CVD CODE:		
SIGNATURE:		
AMOUNT TOTAL:		
ADD 5% CONVEINENCE FEE OF AMOUNT TOTAL:		
TOTAL AMOUNT TO PROCESS (Amount Total + 5%)		
		T
OFFICE USE ONLY:	BACK NUMBER FOR ABOVE CHARGES:	