

RESPONSIBLE PARTY: _____

Show Month & Year : _____



HORSE INFORMATION

Registered Name: _____ ABRA Registration#: _____ Gender: _____ Yr Foaled: _____

OWNER INFORMATION

Make copy of ALL owner's ABRA cards as listed on registration papers, front & back. MUST be current year or MUST purchase now.

Owner's Name (LAST): _____ (FIRST): _____ ABRA #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____ Emg #: _____

List All exhibitors of this horse at this show with names and numbers exactly as they appear on current year ABRA Membership cards.

ABRA OPEN EXHIBITOR

Make copy of ABRA Card - Front & Back

Name (LAST) _____ (FIRST): _____

ABRA Number: _____ Relationship to Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

			SAT	SUN
11	ABRA	Stallions - Weanlings (Sept)	\$10	\$10
12	ABRA	Stallions - Yearlings	\$10	\$10
13	ABRA	Stallions - 2 Years Old	\$10	\$10
14	ABRA	Stallions - 3 Years Old	\$10	\$10
15	ABRA	Stallions - 4 & Over	\$10	\$10
31	ABRA	Geldings - Yearlings	\$10	\$10
32	ABRA	Geldings - 2 Years Old	\$10	\$10
33	ABRA	Geldings - 3 Years Old	\$10	\$10
34	ABRA	Geldings - 4 & Over	\$10	\$10
51	ABRA	Mares - Weanlings (Sept)	\$10	\$10
52	ABRA	Mares - Yearlings	\$10	\$10
53	ABRA	Mares - 2 Years Old	\$10	\$10
54	ABRA	Mares - 3 Years Old	\$10	\$10
55	ABRA	Mares - 4 & Over	\$10	\$10
60	ABRA	Dun Factor	\$10	\$10
71	ABRA	Yearling Longe Line	\$10	\$10
74	ABRA	2 Year Old Longe Line	\$10	\$10
82	ABRA	Reining - All Ages	\$10	\$10
94	ABRA	Hunter Under Saddle - All Ages	\$10	\$10
106	ABRA	Trail - In-Hand Yearling	\$10	\$10
117	ABRA	Trail - All Ages	\$10	\$10
135	ABRA	Western Pleasure - Junior	\$10	\$10
137	ABRA	Western Pleasure - Senior	\$10	\$10
154	ABRA	Western Riding - All Ages	\$10	\$10

ABRA AMATEUR EXHIBITOR

Make copy of ABRA Am Card - Front & Back

Name (LAST) _____ (FIRST): _____

ABRA Number: _____ Relationship to Owner: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

			SAT	SUN
16	ABRA	Stallions - Amateur	\$10	\$10
36	ABRA	Geldings - Amateur	\$10	\$10
57	ABRA	Mares - Amateur	\$10	\$10
69	ABRA	Showmanship - Amateur	\$10	\$10
81	ABRA	Reining - Amateur	\$10	\$10
93	ABRA	Hunter Under Saddle - Amateur	\$10	\$10
103	ABRA	Hunt Seat Equitation - Amateur	\$10	\$10
116	ABRA	Trail - Amateur	\$10	\$10
136	ABRA	Western Pleasure - Amateur	\$10	\$10
148	ABRA	Western Horsemanship - Amateur	\$10	\$10

ABRA YOUTH EXHIBITOR

Make copy of ABRA Youth Card - Front & Back

Name (LAST) _____ (FIRST): _____

ABRA Number: _____ Relationship to Owner: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

			SAT	SUN
35	ABRA	Geldings - Youth	\$10	\$10
56	ABRA	Mares - Youth	\$10	\$10
68	ABRA	Showmanship - Youth	\$10	\$10
80	ABRA	Reining - Youth	\$10	\$10
92	ABRA	Hunter Under Saddle - Youth	\$10	\$10
102	ABRA	Hunt Seat Equitation - Youth	\$10	\$10
115	ABRA	Trail - Youth	\$10	\$10
134	ABRA	Western Pleasure - Youth	\$10	\$10
147	ABRA	Western Horsemanship - Youth	\$10	\$10

Youth show FREE on Sunday in classes paid for and shown in on Saturday!!!

Under Missouri law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Revised Statutes of Missouri. (Chapter 537, RSMo.)

ABRA All-Day Fee: \$50 per Day for BOTH Judges!
Based on One Horse/Same Rider - Excluding AQHA, NSBA & SSS Classes
~ Add All-Breed Classes for an additional \$30 ~

NO LOOSE DOGS!! All dogs MUST be on a leash and the leash held on to!

In consideration of the acceptance of any entry, the owner and/or exhibitor hereby releases, and agrees to hold harmless, the show management, Heart Of America Buckskin Horse Association and Lucky J Arena from any liability for damages or loss, if suffered or sustained by the owner, exhibitor, or handler of such entries as the result of theft, injury or damage occurring in conjunction with or during these shows.

SIGNATURE (If under 18, Parent or Guardian must sign) _____ **Date** _____ **Emergency Contact Phone** _____

OFFICE USE ONLY - Check ALL boxes or mark N/A

Check# collected at time of entry: _____

In-State Coggins: Date Drawn: _____ Out-of-State ABRA Owner current ABRA Member Card copied? Horse Reg. copied?
Out-of-State Coggins: Date Drawn: _____ Health Papers: ABRA Exhibitor current ABRA Member Card copied?

ALL MUST SIGN HERE!