

## OPHB/TRIPLE CROWN FUTURITIES

**2 Year Old**

**Albany, OR**

Check One: Hunter Under Saddle \_\_\_\_\_ Western Pleasure \_\_\_\_\_ Oct. 11, 12, 13, 2012  
1<sup>st</sup> Payment \$30 per futurity entered Due July 1, 2012 - double if late/no refunds

HORSES NAME \_\_\_\_\_ REG # \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby agree to abide by the Rules & Regulations of the Oregon Paint Horse Breeders Inc. OREGON PAINT HORSE BREEDERS & TRIPLE CROWN FUTURITIES will not be responsible for any accident and/or injury that may occur to any exhibitor, equipment or horse. Signing of this form waives any and all future claims against Oregon Paint Horse Breeders Inc., Triple Crown Futurities and the Management of any of their sponsored futurities. It is understood that I will not be able to participate in any of the futurities unless this form is SIGNED AND DATED. *I further understand that OPHB/TCF may be drug testing at these futurities and as a condition of signing this form agree to the rules and regulations of this organization.*

Signature of Owner \_\_\_\_\_ Social Security Number (mandatory) \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: OPHB/TCF - PO BOX 1258, LONG BEACH, WA 98631**

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Detach here: Triple Crown Futurities 2 Yr Old Oct 11, 12, 13, 2012  
Check One: Hunter Under Saddle \_\_\_\_\_ Western Pleasure \_\_\_\_\_ Albany, OR  
2<sup>nd</sup> Payment \$30 per futurity entered Due August 1, 2012 double if late/no refunds

HORSES NAME & REG # \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

**Mail to: OPHB/TCF - PO BOX 1258 - LONG BEACH, WA 98631**

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Detach here: Triple Crown Futurities 2 Yr Old Oct 11, 12, 13, 2012  
Check One Hunter Under Saddle \_\_\_\_\_ Western Pleasure \_\_\_\_\_ Albany, OR  
3<sup>rd</sup> Payment \$65 per futurity entered Due Sept. 1, 2012 double if late/no refunds

HORSES NAME & REG # \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

**Mail to: OPHB/TCF - PO Box 1258 - Long Beach, WA 98631**