

OPHB/TRIPLE CROWN FUTURITIES

2 Year Old

Albany, OR

Check One: Hunter Under Saddle _____ Western Pleasure _____ **Oct. 8, 9 &10, 2010**
1st Payment \$30 per futurity entered Due July 1, 2010 - 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 In., 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

Detach here: Triple Crown Futurities 2 Yr Old Oct 8, 9 &10, 2010,
Check One: Hunter Under Saddle _____ Western Pleasure _____ **Albany, OR**
2nd Payment \$30 per futurity entered Due August 1, 2010 double if late/no refunds

HORSES NAME & REG # _____

SIRE: _____ DAM: _____

OWNERS NAME: _____

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

Detach here: Triple Crown Futurities 2 Yr Old Oct. 8, 9 & 10, 2010
Check One Hunter Under Saddle _____ Western Pleasure _____ **Albany, OR**
3rd Payment \$65 per futurity entered Due Sept. 1, 2010 double if late/no refunds

HORSES NAME & REG # _____

SIRE: _____ DAM: _____

OWNERS NAME: _____

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

