

OPHB/TRIPLE CROWN FUTURITIES

2 Year Old Non Pro

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 Non Pro

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 Non Pro

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

