



# OPHB/TRIPLE CROWN FUTURITIES

## Non Pro Yearling Halter – Walla Walla, WA – June 14-15, 2008

1<sup>st</sup> Payment \$30 Due March 15, 2008 – double if late/no refunds

Check One: Colt \_\_\_\_\_ Gelding \_\_\_\_\_ Filly \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Detach here: Non Pro Yearling Halter June 14-15, 2008 – Walla Walla, WA

2<sup>nd</sup> Payment \$30 Due April 15, 2008 – double if late/no refunds

Check One: Colt \_\_\_\_\_ Gelding \_\_\_\_\_ Filly \_\_\_\_\_ Birth Date \_\_\_\_\_

Horses Name \_\_\_\_\_ Reg# \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Detach here: Non Pro Yearling Halter June 14-15, 2008 – Walla Walla, WA

3<sup>rd</sup> Payment \$65 Due May 15, 2008 – double if late/no refunds

Check One: Colt \_\_\_\_\_ Gelding \_\_\_\_\_ Filly \_\_\_\_\_ Birth Date \_\_\_\_\_

Horses Name \_\_\_\_\_ Reg# \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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