OPHB/TRIPLE CROWN FUTURITIES

Yearling Halter – Walla Walla, WA – June 14-15, 2008

1st 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: Yearling Halter June 14-15, 2008 – Walla Walla, WA

2nd 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: Yearling Halter June 14-15, 2008 – Walla Walla, WA

3rd 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** _____

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