



ICHA Futurity & Aged Event Entry September 1-7, 2010 Nampa, Idaho

Entry Information- Registration papers required on all horses. Only one horse per entry form.

Name of Horse _____ Year Foaled _____ Sex _____ Reg# _____

Name of Owner _____ NCHA # _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ SSN/Tax ID _____

Winnings made Payable to: _____

(Premium checks will be paid to name listed on W-9 unless otherwise noted. No checks issued without a signed W-9. Please sign and complete attach the W-9 Form or download from our web site www.idahocha.com/wp-content/uploads/2010/05/w-9.pdf)

Name of Rider (If not Owner) _____ NCHA # _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Release from Liability and Waiver of Responsibility

If contestant is under 21 years of age, both contestant and parent or legal guardian must sign this form

As a condition to participate in this event, the ICHA, its directors, officers, employees, members, agents and representatives ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, or account of any damage, cost or expense (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF ICHA, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the ICHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. (iii) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me. This waiver is binding on the undersigned as well as all riders, grooms, other helpers associated with the participation of the horse described herein in this event, and the undersigned indemnifies the ICHA from all claims, demands, or causes of action based on any of the foregoing.

Authorized Agent Signature _____



(Release from Liability & Waiver of Responsibility)

Open

_____ \$1,395 Futurity Open

\$25,000 Added

_____ \$170 Gelding Class

_____ \$1,290 Derby Open

\$15,000 Added

_____ \$170 Gelding Class

_____ \$1,140 Classic/Challenge Open

\$10,000 Added

_____ \$170 Gelding Class

_____ \$640 Uncola Open

\$2,500 Added

_____ \$170 Gelding Class

Memberships

Both rider & owner must be current members of the ICHA

_____ Single Membership \$45

_____ Family Membership \$75

Non Pro

_____ \$940 Futurity Non Pro

\$5,000 Added

_____ \$170 Gelding Class

_____ \$170 \$200,000 LTD

_____ \$1,140 Derby Non Pro

\$10,000 Added

_____ \$170 Gelding Class

_____ \$170 \$200,000 LTD

_____ \$1,140 Classic/Challenge Non Pro

\$10,000 Added

_____ \$170 Gelding Class

_____ \$170 \$200,000 LTD

_____ \$640 Uncola Non Pro

\$2,500 Added

_____ \$170 Gelding Class

_____ \$170 \$200,000 LTD

Amateur

_____ \$600 Derby Amateur

\$2,000 Added

_____ \$170 Gelding Class

_____ \$600 Classic/Challenge Amateur

\$2,000 Added

_____ \$170 Gelding Class

_____ \$150 Bridleless Competition-15 Horses Only

Stalls

_____ Stalls \$160 (enter number of stalls)

Stalls must be paid with entries, tack stalls are recommended.

Fees Summary

_____ Open & Non Pro Classes

_____ Amateur Class

_____ Gelding Classes

_____ LTD Classes

_____ Memberships

_____ Bridleless Competition

_____ Stalls

_____ \$10.00 Turn Back Fees \$10 per Show Horse

_____ **Total Due ICHA**

You may make copies of this form or download from www.idahocha.com

ICHA Futurity Secretary Kathryn Webb

For questions please contact Kathryn Webb
801-768-0866 e-mail: kwebb50@msn.com

Get your entries in before August 17, 2010. One lucky winner will receive a free entry in the "New" ICHA Spring Aged Event for 2011.

Include your e-mail address for up to the minute updates and free giveaways. Let me know I've won!

E-mail me at : _____

Payment & Credit Card Information:

Expires ____/____/____ CV Indicator ____

Visa & Master Card Only

3% Convenience Fee on all Credit Card Charges

Card Holder's Name: (Please Print) _____

Card Holder's Signature: _____ Billing Address Zip Code _____

Check Payable to ICHA Check # _____