



ICHA Futurity & Aged Event Entry August 31 -September 6, 2011 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.idahochoa.com)

Name of Rider (If not Owner) _____ NCHA # _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____

Futurity & Aged
Event Entry
Due
August 20, 2011
Please mail all
entries, fees, &
memberships to:

ICHA Futurity
Sue Marostica
PO Box 70
Kuna, ID
83634
Fax 208-468-0411

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 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
_____ **\$1,580 Futurity Open**
\$30,000 Added
_____ \$170 Gelding Class

_____ **\$1,470 Derby Open**
\$20,000 Added
_____ \$170 Gelding Class

_____ **\$1,320 Classic/Challenge Open**
\$15,000 Added
_____ \$170 Gelding Class

_____ **\$800 Mercuria Open**
\$25,000 Added

Non Pro
_____ **\$1,110 Futurity Non Pro**
\$6,000 Added
_____ \$170 Gelding Class
_____ \$170 \$200,000 LTD

_____ **\$1,310 Derby Non Pro**
\$10,000 Added
_____ \$170 Gelding Class
_____ \$170 \$200,000 LTD

_____ **\$1,310 Classic/Challenge Non Pro**
\$10,000 Added
_____ \$170 Gelding Class
_____ \$170 \$200,000 LTD

Amateur
_____ **\$760 Derby Amateur**
\$3,000 Added
_____ \$170 Gelding Class

_____ **\$760 Classic/Challenge Amateur**
\$3,000 Added
_____ \$170 Gelding Class

_____ **Stalls**
_____ Stalls \$175 (enter number of stalls)
Stalls must be paid with entries, tack stalls are recommended.

Memberships
Both rider & owner must be current members of the ICHA
_____ Single Membership \$45
_____ Family Membership \$75

_____ **\$760 Uncola Non Pro**
\$3,000 Added
_____ \$170 Gelding Class
_____ \$170 \$200,000 LTD

_____ **\$800 Mercuria Non-Pro**
\$25,000 Added

Fees Summary
_____ Open & Non Pro Classes
_____ Amateur Class
_____ Gelding Classes
_____ LTD Classes
_____ Memberships
_____ Mercuria Open & Non Pro
_____ Stalls
_____ \$10.00 Turn Back Fees \$10 per Show Horse
_____ **Total Due ICHA**

You may make copies of this form or download from www.idahochoa.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 10, 2011. One lucky winner will receive a free entry in the "New" ICHA Spring Aged Event for 2012. 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 # _____ Authorize Only (Will pay at show) _____