

# THE ABILENE SPECTACULAR 2010

JANUARY 2-13, 2010

OPTIONAL PAYMENT SCHEDULE	NOV 1	DEC 20	TOTAL		NOV 1	DEC 20	TOTAL
4 YEAR OLD OPEN \$50,000 GUARANTEED TO CHAMPION	\$975	\$975	\$1950	5/6 YEAR OLD OPEN	\$975	\$975	\$1950
4 YEAR OLD NON PRO	\$975	\$975	\$1950	5/6 YEAR OLD NON PRO	\$975	\$975	\$1950
*4 YEAR OLD 100K LTD OPEN & NON PRO		\$500	\$ 500	*5/6 YEAR OLD 100K LTD OPEN & NON PRO		\$ 500	\$ 500
*4 YEAR OLD 10,000 NOVICE OPEN		\$500	\$ 500	*5/6 YEAR OLD 10,000 NOVICE OPEN		\$ 500	\$ 500
4 YEAR OLD AMATEUR	\$425	\$425	\$ 850	5/6 YEAR OLD AMATEUR	\$425	\$ 425	\$ 850

STALLS \$ 130  
\*CLASS WITHIN A CLASS

## ENTRY FORM

CLASS	HORSE	RIDER	RIDERS NCHA #	FEES ENCLOSED

### RELEASE AND WAIVER

I, the undersigned, hereby release the Abilene Spectacular, Inc., its officers, employees, and agents, from all claims, demands, action or cause of action, or any kind of nature whatsoever, whether now known or ascertained, or which may hereafter develop or accue me in favor of myself, my heirs, representatives of dependents, on age which may be suffered by me because of any matter, thing or condition, negligence, or default whatsoever and I hereby assume and accept the full risk of danger of any hurt, injury or damage which may occur through or by any reason of nay matter, thing or condition, negligence or default, or any person whatsoever.

TOTAL ENTRY FEES \$ \_\_\_\_\_

# OF STALLS NEEDED (JAN. 1-12, 2010) # \_\_\_\_\_ @ \$130.00 \$ \_\_\_\_\_

TOTAL FEES ENCLOSED CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY OR ID#(REQUIRED) \_\_\_\_\_ NCHA# \_\_\_\_\_ PHONE# \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE# \_\_\_\_\_

SIGNATURE(REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

Photocopy of registration papers required. Premium checks made to owners unless otherwise specified in writing by the owner. MasterCard, Visa, and American Express are accepted with a 3% handling fee.

Cardholder Name \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVV2 # \_\_\_\_\_ Exp \_\_\_\_\_ - \_\_\_\_\_  
(3 or 4 digit # on signature line on back of card) (Month) (Year)

Signature \_\_\_\_\_

ABILENE SPECTACULAR, INC. \* P.O. BOX 238 \* LAWN, TEXAS 79530  
FED EX ONLY : 1376 PR 1811 \* NOVICE, TEXAS 79538  
OFFICE/HOME 325/583-2545 \* FAX 325/583-2113 \* CAROLYN GULLY CELL 325/669-3660  
OFFICE 325/583-2545 \* COLETA MANAHAN CELL 325/669-3984 \* HOME 325/583-2785