

# THE ABILENE SPECTACULAR 2018

JANUARY 3-8, 2018

OPTIONAL PAYMENT SCHEDULE	DEC 15	JAN 1	TOTAL		DEC 15	JAN 1	TOTAL
4 YEAR OLD OPEN	\$1000	\$895	\$1895	5/6 YEAR OLD OPEN	\$1000	\$ 895	\$1895
4 YEAR OLD NON PRO	\$1000	\$895	\$1895	5/6 YEAR OLD NON PRO	\$1000	\$ 895	\$1895
*4 YEAR OLD 200K LTD OPEN & NON PRO		\$500	\$ 500	*5/6 YEAR OLD 200K LTD OPEN & NON PRO		\$ 500	\$ 500
*4 YEAR OLD 25,000 NOVICE OPEN		\$500	\$ 500	*5/6 YEAR OLD 25,000 NOVICE OPEN		\$ 500	\$ 500
4 YEAR OLD UNLIMITED AMATEUR	\$450	\$400	\$ 850	5/6 YEAR OLD UNLIMITED AMATEUR	\$450	\$ 400	\$ 850
4 YEAR OLD AMATEUR	\$400	\$350	\$ 750	5/6 YEAR OLD AMATEUR	\$400	\$ 350	\$ 750
*4 YEAR OLD SENIOR & GELD- OPEN, NP, AMT, UNLIMITED		\$ 500	\$ 500	*5/6 YEAR OLD SENIOR & GELD-OPEN, NP, AMT, UNLIMITED			\$ 500
STALLS			\$ 150				

\*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 accrue 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. 3-8, 2018) # \_\_\_\_\_ @ \$150.00 \$ \_\_\_\_\_

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  
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 OFFICE 325/583-2545 \* FAX 325/583-2113 \*  
 COLETA MANAHAN CELL 325/669-3984 \* HOME 325/583-2785