

THE ABILENE SPECTACULAR 2019

JANUARY 4-11, 2019

OPTIONAL PAYMENT SCHEDULE	DEC 10	DEC 20	TOTAL		DEC 10	DEC 20	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. 3-10, 2019) # _____ @ \$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 _____ Billing Address _____

Credit Card # _____ City/ State _____ Zip _____

Exp _____ - _____ CVV2 # _____ Signature _____
(Month) (Year) (3 or 4 digit # on signature line on back of card)

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