

THE ABILENE SPECTACULAR 2020

JANUARY 6-11, 2020

Enter X	Class	Entry Fee	Enter X	Gelding EF	Enter X	25,000 Nov EF	Enter X	Senior
	4 Year Old Open	\$1,900		\$500		\$500		
	4 Year Old Open Stallion Incentive	Eligible Incentive Horses Only						
	4 Year Old Limited Open	\$900		\$500		\$500		
	4 Year Old Non Pro	\$1,600		\$350		\$350		\$350
	4 Year Old Non Pro Limited (cw/c)	\$500						
	4 Year Old Amateur	\$900		\$350		\$350		\$350
	4 Year Old Mid Amateur	\$800		\$350		\$350		\$350
	4 Year Old Limited Amateur	\$700		\$350		\$350		\$350
	Any Amateur Combo of Classes	<\$150/class>						
	5/6 Year Old Open	\$1,700		\$500		\$500		
	5/6 Year Old Limited Open	\$900		\$500		\$500		
	5/6 Year Old Non Pro	\$1,500		\$350		\$350		\$350
	5/6 Year Old Non Pro Limited(cw/c)	\$500						
	5/6 Year Old Amateur	\$900		\$350		\$350		\$350
	5/6 Year Old Mid Amateur	\$800		\$350		\$350		\$350
	5/6 Year Old Limited Amateur	\$700		\$350		\$350		\$350
	Any Amateur Combo of Classes	<\$150/class>						

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, 2020) # _____ @ \$150.00 \$ _____

TOTAL FEES ENCLOSED CHECK # _____ \$ _____

OWNER _____ NCHA# _____ SS# OR ID#(REQUIRED) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL# _____ EMAIL TO CONIRM RECEIPT OF ENTRIES _____

HORSE _____ AQHA REG # _____

RIDER _____ NCHA# _____ RIDER CELL# _____

CHECK PAYABLE TO _____ SS#/TIN# _____

SIGNATURE(REQUIRED) _____ DATE _____

Photocopy of registration papers required. MasterCard, Visa, and American Express are accepted with a 4% 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)