

2012 Bar Nothin Barrel Bash

AQHA Entry Form

Entry Form – Complete One Form Per Rider

PRE ENTRIES FOR AQHA ARE REQUIRED. Please include copies of current AQHA Membership Cards for Exhibitor of each horse, as well as copies of Registration Papers. AQHA entries will run before Open 4D entries daily. Futurity Horses may rollover time to AQHA.

Name: _____

Address: _____

City/State/Zip: _____ AQHA #: _____

Email: _____ Phone: _____

AQHA Managed by Tri-K Barrel Races
Any questions regarding AQHA should be addressed to Lona Smith at 405-376-2082.



CIRCLE EACH DAY THAT APPLIES PER ENTRY

Horse Registration Name			AQHA Youth 18 & Und \$20/Day	AQHA Amateur \$20/Day	AQHA Junior Horse 5 & Und \$20/Day	AQHA Senior Horse 6+ \$20/Day	Fees Per AQHA Entry	
Horse1:	Office Use Only	<input type="checkbox"/> Futurity Horse – Rollover Time from Futurity <input type="checkbox"/> Rolling Single Run Time to Multiple AQHA Div. <input type="checkbox"/> Running Separate Runs for Each AQHA Div. Entered Must Designate AQHA Division per Run: Run1: Youth Am Jr Sr Run 2: Youth Am Jr Sr	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun		
Horse2:	Office Use Only	<input type="checkbox"/> Futurity Horse – Rollover Time from Futurity <input type="checkbox"/> Rolling Single Run Time to Multiple AQHA Div. <input type="checkbox"/> Running Separate Runs for Each AQHA Div. Entered Must Designate AQHA Division per Run: Run1: Youth Am Jr Sr Run 2: Youth Am Jr Sr	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun		
Horse3:	Office Use Only	<input type="checkbox"/> Futurity Horse – Rollover Time from Futurity <input type="checkbox"/> Rolling Single Run Time to Multiple AQHA Div. <input type="checkbox"/> Running Separate Runs for Each AQHA Div. Entered Must Designate AQHA Division per Run: Run1: Youth Am Jr Sr Run 2: Youth Am Jr Sr	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun	Wed Thurs Fri Sun		
FUTURITY HORSES MAY ROLL TIMES from Friday Go-Around Run to Friday AQHA; and Saturday Go-Around Run to Sunday AQHA with appropriate AQHA fees.							GRAND TOTAL AQHA ENTRY FEES	

In submitting this entry, the undersigned hereby Releases, Discharges and Agrees to Indemnify the Jud Little Barrel Bash, Jud Little Ranch, their officers, directors and employees and Tri-K Barrel Races, Inc. ("Releasees") from any damage, whether caused by the actual or passive negligence of the Releasees, while the undersigned is at the Jud Little Bar Nothin Barrel Bash and/or competing, observing, working in, or for any purposes participating at the Jud Little Bar Nothin Barrel Bash. The undersigned has read and voluntarily signs this Release and waiver of liability and indemnity agreement. If under eighteen (18) years of age, signature of individual and parent or guardian is required. The undersigned are aware of and understand Oklahoma Statutes, Section 50 of Title 76 pertaining to the Oklahoma Livestock Liability Limitations Act. The person submitting this entry therein agrees to accept authority to act as agent for actual and/or recorded owner(s) of the animal being entered and, in doing so, indicates acceptance of all rules, regulations, liability limitations for all individuals so named as owner, trainer, agent, exhibitor, rider, handler and/or showman. The person submitting this entry accepts responsibility and verifies accuracy of all information provided herein, inclusive of the indication of payee.

ENTRIES ARE NOT CONSIDERED WITH OUT SIGNATURES. - UNSIGNED ENTRIES WILL BE RETURNED!

Signature (Parent/Guardian of any Youth if under Age 18) _____ Date _____

Mailed Pre-Entries must be postmarked by 8/31/12. AQHA Entries must pre-enter. Complete this form and send it with a personal check or money order for the appropriate fees made payable to: **BAR NOTHIN BARREL BASH**. Mail entry, registration papers and copies of AQHA membership to the following address:

Pat Hutter
4701 Parsons Road Phone: 479-756-3107 (Phone & Fax)
Springdale, AR 72764

No Refunds - \$30 Returned Check Fee

CREDIT CARD INFORMATION - Card Usage Fee of 2.3% Will Be Added Circle One: VISA MASTERCARD

Name on Card: _____ Card Number: _____ Expiration Date: _____

Billing Address on Card: _____

Card Holder Signature: _____