



www.vintagearabian.com

VAHA ALL BREED SCHOOLING HORSE SHOW

OCTOBER 3, 2021 at RANCHOTEL



5780 Rivera Rd., Vacaville
On I-80, 1 mile West of
Vacaville (Pena Adobe exit)

Mail Entry & Fees to:

Terri Moody, Show Secretary
7288 Laura's Lane, Vacaville, CA 95688
(707)761-0227 / terriamood@yahoo.com

*Arabian Reg. # _____
Need Copy of Arabian or Half Arabian Registration Papers

USE SEPARATE FORM FOR EACH HORSE					SHOW DATE - October 3, 2021			Exhibitor # _____		
FOR SHOW USE ONLY					BREED *	HORSE SEX	HORSE AGE	HORSE NAME:		
ARAB	RANCH	WEST	ENG	YOUTH						
PTS	PTS	PTS	PTS	PTS	CLASS No.	TITLE OF CLASS	YOUTH AGE:		CLASS FEE	
							RIDER	OR HANDLER		

ENTRY FEE: \$10 a Class (\$12 For Championship Classes)
Or All Day fee of \$125 Per Horse.

TOTAL Class Entries	
Drug Fee – Per Horse	\$8.00

Horse Show Sponsored By: **Vintage Arabian Horse Association**
 Show Manager: Jane Rinka (707) 486-6303
 capayvalleyarabs@aol.com

Checks payable to VAHA Total Paid
also Venmo or PayPal - Vintagearabian4@gmail.com

THIS FORM MUST BE SIGNED BY EXHIBITOR OR AUTHORIZED AGENT & PARENT OR GUARDIAN OF MINOR

I hereby enter the above horse(s) at my own risk and subject to all rules and regulations of the show. I further agree if any damage be occasioned by or loss or damage occur to the horse(s) exhibited from any cause, or to any equipment that I may send with such horse(s) , I will make no claims thereof. I participate voluntarily in the show fully aware that the horse sports and competition involve inherent dangerous risk or serious injury or death, and by participating, I (we) expressly assume any and all risks of injury or loss, and agree to indemnify and hold VINTAGE ARABIAN HORSE ASSOC. AND RANCHOTEL HORSE CENTER, their officials, employees and agents harmless against any legal proceedings for potential injury or property damage arising from an accident occasioned by an employee, rider, driver, handler, agent or entry of mine and from and against all claims including for any injury or loss suffered during or in connection with the show, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts of omissions of said officials, directors, employees, or agents of VAHA, RHC or show.

Owner: _____ Handler _____ Age _____

Address: _____ City: _____

Zip Code: _____ Phone #: _____

Signature: _____

Owner of Horse or Adult Rider

Parent or Guardian of