

# AHCC Bedding Pre Order 2010

## Feed and Bedding Pre Order Form.

All items ordered and paid in advance will be delivered to your stall prior to your arrival.

All other orders will be filled after the pre orders and as they are received.

**All orders must be pre paid by check or credit card.**

Please call for current prices.

\_\_\_\_\_ Bales of Shavings

\_\_\_\_\_ Bales of Hay

\_\_\_\_\_ Bags of Blue Seal Feeds \_\_\_\_\_

Exhibitor/Farm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number during the show \_\_\_\_\_

**Visa or Master Card only:**

Name as it appears on Credit Card \_\_\_\_\_

Billing address on Credit Card \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security code\* \_\_\_\_\_

\* 3 digit code on the back of the credit card

**DO NOT SEND WITH ENTRIES**

Please Mail, Fax, or email to:

Village Grain and Hardware,

1296 Montgomery St., Chicopee, MA 01013

413-532-0494 phone      413-534-0056 fax

Email: [villagegrain@aol.com](mailto:villagegrain@aol.com)

When emailing please put AHCC Arabian in subject.





# AHCC 37<sup>th</sup> Annual Class A Horse Show

## May 28 - 30, 2010 West Springfield, MA

### Entries Close April 26, 2010

PLEASE TYPE OR PRINT ONLY ONE HORSE PER ENTRY FORM.

C R	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
	Sire			Dam		Horse USEF ID#		Horse USDF #		
Rider 1	Classes / Sections									TOTAL FEES
	Entry Fees									\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner			
AHA#		USEF/EC#		NSH#		USDF#		US Citizen: Yes No		
Address				City		State		Zip		
Rider 2	Classes / Sections									TOTAL FEES
	Entry Fees									\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner			
AHA#		USEF/EC#		NSH#		USDF#		US Citizen: Yes No		
Address				City		State		Zip		
Rider 3	Classes / Sections									TOTAL FEES
	Entry Fees									\$
Name				DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner			
AHA#		USEF/EC#		NSH#		USDF#		US Citizen: Yes No		
Address				City		State		Zip		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

**THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES**  
**Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/ Trainer/Owner, Horses Registration papers & Purchase contract if applicable and Stall Reservation Forms**

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_ NSH# \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ USEF Farm# \_\_\_\_\_  
 Current Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**TRAINER INFORMATION** (must be filled out, if there is no trainer, owner may write same in trainer information)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**ADDITIONAL INFORMATION** Camper Plate # \_\_\_\_\_ Camper make \_\_\_\_\_

Send Acknowledgement to Owner \_\_\_\_\_ Trainer \_\_\_\_\_  
 Email Acknowledgement to (Print) \_\_\_\_\_  
 Stable with \_\_\_\_\_

Send Stall Reservation form with entries. Stalls are assigned using this form.

**Total Entry Fees** ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Office Fee (per horse) @ ----- \$ 18.00  
 \_\_\_\_\_ USEF Fee @ ----- \$ 15.00  
     7. Drug, 8. Admin  
 \_\_\_\_\_ AHA Resolution 9-90 @ ----- \$ 3.00  
 \_\_\_\_\_ Box Stalls @.85.00 ----- \$ \_\_\_\_\_  
     No initial bedding  
 \_\_\_\_\_ Tack Stall @.85.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Day Stall (7am - 10 pm) ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Showing from Trailer @ 25 perhorse/day - \$ \_\_\_\_\_

**Member/Single Event Fees:**  
 \_\_\_\_\_ AHA Single Event Fee@30.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ USEF Non Member @30.00 ----- \$ \_\_\_\_\_

**Other Fees**  
 \_\_\_\_\_ Camper 100.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Patron ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Sponsor ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Incomplete Fee @15.00 ----- \$ \_\_\_\_\_  
Incomplete fee is charged for entries sent without membership cards or registration papers  
 \_\_\_\_\_ Post Fee @15.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Box Seat @45.00 ----- \$ \_\_\_\_\_  
 \_\_\_\_\_ Misc ----- \$ \_\_\_\_\_

**TOTAL FEES DUE** ----- \$ \_\_\_\_\_

<p><b>ENTRIES CLOSE April 26 2010</b> Make Checks payable to AHCC          Mail to: AHCC %Marlene Kriegbaum          5780 Hunters Creek Rd, South Wales, NY 14139          716-655-1536 phone/fax arabshows@mac.com</p>	<p><b>OFFICE USE ONLY</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Office Use Total \$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Paid \$</td> <td></td> </tr> <tr> <td>Check Number</td> <td></td> </tr> <tr> <td>Date Rcvd</td> <td></td> </tr> </table>	Office Use Total \$		Paid \$		Check Number		Date Rcvd	
Office Use Total \$									
Paid \$									
Check Number									
Date Rcvd									

**ALL ENTRY FORMS MUST BE PROPERLY SIGNED ON BACK**  
**ANYONE WISHING TO BE STABLED TOGETHER MUST SEND ENTRIES IN SAME ENVELOPE WITH COMPLETED STALL RESERVATION FORM**

**AHA ENTRY AGREEMENT**

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

**AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

**This document waives very important legal rights. Read it carefully before signing.**

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

**I AGREE** that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

**I AGREE** for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

**I AGREE** to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

**I AGREE** and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

**I AGREE** to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

**I AGREE** that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

**United States Equestrian Federation, Inc. Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the Federation Rules, the Prize List and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State

**Federation Release, Assumption of Risk, Waiver and Indemnification**

**This document waives important legal rights. Read it carefully before signing.**

**I AGREE** in consideration for my participation in this Competition to the following:

**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

**I AGREE** to release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition.

**I AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

**I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

I have read the Federation Rules about protective equipment, including GR 801 and EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

**I AGREE** that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

**I AGREE** that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the federation on the official USEF accident/injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

<b>OWNER/AGENT (ADULT Signature Mandatory)</b>	<b>TRAINER or CUSTODIAN OF HORSE @ show (ADULT Signature Mandatory Owner MUST sign if no trainer)</b>	<b>COACH (if applicable)</b>
Adult Signature	Adult Signature	Adult Signature
Print Name	Print Name	Print Name
<b>Parent or Guardian Mandatory if owner is minor</b>	<b>Must be 18 years or older to be trainer</b>	Coach's USEF
Parent/Guardian Signature		
Print Parent/Guardian Name	Emergency Contact Phone for Minor	
<b>#1 Rider/Driver/Handler/Vaulter/Longeur (Mandatory)</b>	<b>#2 Rider/Driver/Handler/Vaulter/Longeur (Mandatory)</b>	<b>#3 Rider/Driver/Handler/Vaulter/Longeur (Mandatory)</b>
Signature	Signature	Signature
Print Name	Print Name	Print Name
<b>Parent or Guardian Mandatory if Rider/Driver/Handle/Vaulter/Lounger is minor</b>	<b>Parent or Guardian Mandatory if Rider/Driver/Handle/Vaulter/Lounger is minor</b>	<b>Parent or Guardian Mandatory if Rider/Driver/Handle/Vaulter/Lounger is minor</b>
Parent/Guardian Signature	Parent/Guardian Signature	Parent/Guardian Signature
Print Parent/Guardian Name	Print Parent/Guardian Name	Print Parent/Guardian Name

**AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors.**



# 2008 Arabian Horse Club of Connecticut

## Patron, Sponsorship, and Program Advertising form 37<sup>th</sup> Annual "A" Show

The AHCC designs and presents public relations and educational programs to help encourage the breeding, exhibiting, and enjoyment of our beautiful Arabian throughout Connecticut and the Eastern Region. The AHCC encourages people of all ages to learn about, care for, ride, and enjoy the Arabian horse. We do this through the generous support of our sponsors, patrons, and supporters.

### ☀ **Prestigious Patrons All of this for only \$250.00**

- Preferred Stabling
- Announcement throughout the show & in our Show Program\*
- Snacks & Refreshments delivered daily
- Box Seats (preferred location) Please indicate section \_\_\_\_\_
- Complimentary Gift
- 2 Class Sponsorships\*
- A 2' X 4' Banner (To be retained by AHCC for future use)

### ♥ **CLASS SPONSORS\***

### \*Program Advertising ~

**\$25.00 per class, buy four get the fifth\*\* one FREE!**

Name: \_\_\_\_\_  
*(As it is to appear in the program)*

1<sup>st</sup> Class \_\_\_\_\_ \$25.00  
 2<sup>nd</sup> Class \_\_\_\_\_ \$25.00  
 3<sup>rd</sup> Class \_\_\_\_\_ \$25.00  
 4<sup>th</sup> Class \_\_\_\_\_ \$25.00  
 \*\*5<sup>th</sup> Class \_\_\_\_\_ FREE!!

<b>Black &amp; White</b>	
{ } Inside Front or Back Cover	\$150.00
{ } Full page inside	\$100.00
{ } Center Spread	\$175.00
{ } Half Page	\$ 65.00
{ } Business Card	\$ 40.00

~Must be camera ready or an additional \$30.00 will be charged for typesetting, copy, or art work

{ } Patron \$250.00 \$ \_\_\_\_\_

{ } Sponsorships \$ \_\_\_\_\_

{ } Advertising \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

\*Deadline: May 15<sup>th</sup> (to be printed in program), after May 15<sup>th</sup> will be on our appreciation board.

***We appreciate and welcome our Patrons and Sponsors. All will be accepted up to the start of our show.***



Make checks payable to AHCC and return this from to:  
Michelle Laudano, AHCC Treasurer, 250 Killingworth Turnpike, Clinton, CT 06413

Visit us on the web!

[www.arabianhorseclubofconnecticut.org](http://www.arabianhorseclubofconnecticut.org)





# Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ AHA #: (if renewal) \_\_\_\_\_

Signature of Applicant or Parent/Guardian (if applicant is under 18)



**Membership Categories:** Eligible for all Year end award programs

<b>One-Year (AHA) Competition Adult</b>	\$80.00	\$ _____
Includes AHA membership, voting privileges and AHA Competition Card (with AHA excess personal liability insurance)		
<b>One-Year (AHA) Competition Youth</b>	\$57.00	\$ _____
Includes AHA membership, AHA Competition Card (with AHA excess personal liability insurance)		
<b>One-Year (AHA) Adult</b>	\$45.00	\$ _____
Includes AHA membership, voting privileges		
<b>One-Year (AHA) Youth</b>	\$32.00	\$ _____

**Associate memberships are eligible for schooling show Year end awards ONLY**

<b>One-Year Associate</b>	\$25.00	\$ _____
With out AHA membership or voting privileges.		
<b>One Year Family Associate</b>	\$95.00	\$ _____
With out AHA membership or voting privileges. Includes up to four youth from same family 1. _____		

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Affiliate Members  
65 & over get a  
\$10.00 Discount

Check Total: \_\_\_\_\_

Make payable to AHCC and mail completed form to:

**Melissa Wooten 10 Zvingilas Ct, Griswold, CT 06351  
(860) 287-2861**