



Colorado Breeders Challenge Futurity **CLASS ENTRY FORM**
 In conjunction with CAHC One Day Show at Latigo, Saturday **August 31, 2024**
Latigo Heritage Equestrian Center, Elbert, CO
(FOR WEANLINGS NOMINATED BY APRIL 30, 2024)

Mail Entries to: **CABA SHOW SECRETARY**
 c/o Liz Wheeler
 6786 SE Cherry Creek Rd
 Franktown, CO 80116

Make checks payable to: Colorado Arabian Breeders Alliance (CABA)
Note: There will be a \$50 fee for any checks returned or cards declined

COLORADO BREEDERS CHALLENGE (A CABA Presentation)

HALTER FUTURITY ENTRIES CLOSE JULY 31, 2024: All entries must be complete with signatures by both the Owner/Agent and the Handler/Rider and contain the correct fees. **Enclose copies of horse's registration papers (both sides).** If registration is pending (Weanling), send copy of the pending paperwork with entry.

CLASSES TO BE HELD DURING THE MORNING SESSION ON SATURDAY AUGUST 31, 2024.

-----**Complete a separate entry form for each horse and/or class entered**-----

NAME OF ENTRY / REGISTRATION# _____ DOB _____ SEX _____ COLOR _____

SIRE / REGISTRATION# _____ DAM / REGISTRATION# _____

OWNER & STATE OF RESIDENCE _____ HANDLER (must be Amateur) _____

I hereby affirm that I meet the criteria of an "amateur" as defined by USEF (refer to the current USEF rule book for definition).

(Handler/Rider Signature) x _____

****CLASS: (Check Box for Appropriate class you are entering)**

PB Weanling Fillies PB Weanling Colts/Geldings HA/AA Weanling Fillies HA/AA Weanling Colts/Geldings

*** Entry Fee: \$ 100.00 PER CLASS + \$25 Event Fee and \$35 stall Fee**

****Halter Classes may be combined as determined by the Futurity Administrator up to the start of the show.**

(GUARANTEED HALTER CLASS PURSE: \$150 X NUMBER OF HORSES ENTERED: SEE PAYBACK SCHEDULE IN RULES)

Owner-As listed on horse registration papers.

Name: _____ Farm/Ranch _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ Email: _____

Agent: _____

Signature herein by owner/owner's agent attests that all information is true and correct.

Owner/Agent: _____ Date: _____

(Signature)

Form 6_Updated 2019_jcg

CREDIT CARDS ACCEPTED (4% SURCHARGE): (AMERICAN EXPRESS-DISCOVER-MASTERCARD-VISA)

NAME AS IT APPEARS ON CARD

_____ C/C# _____
 _____ BILLING STREET# _____ BILLING ZIP _____
 SECURITY CODE _____ EXPIRATION DATE _____ CARDHOLDER SIGNATURE _____