



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 ALL ONE/TWO/THREE-YEAR OLD ARABIANS 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 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		

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 Signature) x _____

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

- PB Yearling Fillies PB Yearling Colts/Geldings HA/AA Yearling Fillies HA/AA Yearling Colts/Geldings
- PB 2 YR Old Fillies PB 2 YR Old Colts/Geldings HA/AA 2 YR Old Fillies HA/AA 2 YR Old Colts/Geldings
- PB 3 YR Old Fillies PB 3 YR Old Colts/Geldings HA/AA 3 YR Old Fillies HA/AA 3 YR Old Colts/Geldings

*** Entry Fee: \$ 100.00 PER CLASS**

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

(GUARANTEED HALTER CLASS PURSE: \$200 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 (IF APPLICABLE): _____

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

Owner/Agent: _____ Date: _____

(Signature)

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

NAME AS IT APPEARS ON CARD _____ **C/C#** _____

BILLING ADDRESS _____

SIGNATURE _____

EXP DATE _____ / _____ **SECURITY CODE** _____ **BILLING ZIP** _____