



Colorado Breeders Challenge Futurity **CLASS ENTRY FORM**  
 In conjunction with CAHC One Day Show at Latigo, **September 2, 2023**  
**Latigo Heritage Equestrian Center, Elbert, CO**  
**(FOR WEANLINGS NOMINATED BY AUGUST 19, 2023)**

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 AUGUST 26, 2023:** 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 SEPTEMBER 2, 2023.**

-----**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 \_\_\_\_\_