

Arabian Western Pleasure Association (AWPA) 2016 Nomination/Entry Form

Entry /Nomination for AWPA Futurity classes are accepted until close of entries for U.S. Nationals. Current Affiliate, Direct or Life AHA Membership is required for participation in all AHA Programs. Horses enrolled in AHA programs MUST be registered with the Arabian Horse Association or the Canadian Arabian Horse Registry. Refer to the current AWPA Terms and Conditions for specific rules, regulations and deadlines. Please print clearly in Blue or Black ink, one horse per enrollment form. **PLEASE NOTE THAT YOU WILL HAVE TO FILL OUT US NATIONALS ENTRY FORMS AND PAY THEIR FEES TO COMPETE IN THESE CLASSES.**

ENTRY INFORMATION

Horse Name _____
Registration # _____
Sire _____
Dam _____

All horses competing in the AWPA Equine Athlete Veterinary Services Half-Arabian futurity must have parentage DNA verified to a purebred parent on file at the AHA office before they are allowed to compete.

_____ \$100,000 AWPA Arabian Horse World **Arabian** Western Pleasure Futurity for 4 Year Olds \$50,000 AWPA Equine Athlete Veterinary Services **Half-Arabian** Western Pleasure Futurity for 4 Year Olds

OWNER INFORMATION

Name _____
Address _____ ZIP _____
E-mail ID _____
Home # _____ Work # _____ Fax _____
Social Security or Tax ID Number _____

TRAINER INFORMATION

Name _____
Address _____
E-mail ID _____
Home # _____ Work # _____ Fax _____

In making this application, I hereby subject myself to and agree to be bound by all the provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association and the AWPA as they now exist or may from time to time be amended, knowledge of which I now have or will immediately acquire.

Signature _____
Date: _____

NOMINATION FEE

Entry/Nomination fee of \$700 per class must be postmarked by U.S. Close of the Original Entry date and sent to the address below

_____ \$700 non-refundable due by close of Original U.S. entries \$700 _____
_____ \$500 post entry fee if applicable \$500 _____

Method of Payment: U.S. funds only, make checks payable to AWPA, or enter credit card information:

Name on Card _____
_____ Master Card _____ Visa Card # _____ 3 digit CSC# _____ Exp. Date _____

Mail nomination(s) to: AWPA Attn: Michele Reser 64399 CR 3 Wakarusa, Indiana. 46573 email:michelereser@gmail.com