



<http://arabianwesternpleasure.com/>

**2018 NOMINATION/ENTRY FORM  
United States Nationals**

Entries for AWPA Futurity classes are accepted until close of entries for US Nationals. The last date post entries will be accepted by AWPA is the same as the date accepted by AHA. 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 note; You will have to fill out a US Nationals Entry form and pay all their fees to comete in these classes

**PLEASE PRINT CLEARLY IN INK - ONE HORSE PER FORM  
DO NOT MAIL THIS FORM TO AHA WITH YOUR ENTRIES**

**Mail Nominations To:**

**AWPA, Michele Reser 64399 CR 3, Wakarusa, Indiana, 46573. email.michelereser@gmail.com**

**HORSE INFORMATION:**

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

Registration #: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

\_\_\_\_\_ \$100,000 AWPA Arabian Horse World Western Pleasure Futurity for 4 Year Olds

\_\_\_\_\_ \$50,000 AWPA Equine Athlete Half-Arabian Western Pleasure Futurity for 4 Year Olds - DNA Testing is required for USN

**REGISTERED OWNER INFORMATION:**

Name: \_\_\_\_\_ SS or Tax IDNumber \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Fax \_\_\_\_\_

Prior to any class pay-out the Registered Owner is responsible to provide the following forms to the AWPA.

US Residents - IRS Form W-9 and Non-US Residents - IRS Form W-8BEN

**TRAINER INFORMATION:**

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

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

E-Mail Address: \_\_\_\_\_ 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 Asscoiation and the AWPA as they now exist or may from time to time be amended, knowledge of which I now have or will immediaiatley aquire.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entries and Fees must be postmarked by US Nationals close of entries date and sent to the address below or incur post entry charges

\_\_\_\_\_ \$700.00. Non-refundable Due by the close of Original US entires

\_\_\_\_\_ \$500.00 Post Entry Fee if applicable

\_\_\_\_\_ Total Due

**METHOD OF PAYMENT:**

US Funds Check - payable to AWPA Check # \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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