			ONE OWNER PER PAGE									
The Show will be held at Wil Rogers Memorial Center at 3401 West Lancaster Avenue, Ft. Worth, TX			TRAINERS PLEASE LIST YOUR ACADEMY classes under name per RIDER									
	Name Registration #**			NTASHA UPHA Fall Classic - October 3 - 6, 2019								
Horse #1	<u> </u>		<u> </u>	,		1					•	
Exhibitor #1			Classes								Total	
Exhibitor #2	_		Classes								<u> </u>	
Exhibitor #3									<u> </u>			
Horse #2												
Exhibitor #1			Classes								Total	
Exhibitor #2			Classes	T								
Exhibitor #3			Classes									
Horse #3				24								
Exhibitor #1			Classes								Total	
Exhibitor #2			Classes									
Exhibitor #3			Classes									
	•		4	,L		I.	I.		<u> </u>			
TRAINER **	Signature:		ACADEMY M	ACADEMY MUST SIGN: As owner, agent or guardian, I certify that the information provided on this entry form is correct and I agree to indemnify and hold harmless NTASHA-UPHA and Will Rogers Equestrian Center, its managers and their respective agents, contractors, officers, employees, directors, shareholders and assigns from all responsibility to horses, persons, and/or equipment arising from any connection with this show. It is understood and agreed that participants will be solely responsible for any consequential or other loss, injury, or damage incurred while participating in this event. I have read and understand the above and agree to abide by its contents SIGNATURE (OWNER/AGENT)								
Name												
Address												
City/State/Zip			responsible for a									
License #	ASHA #:		1									
EXHIBITOR #1 **	Signature:		Ā									
Name			1									
Address			1									
City/State/Zip			1									
ASHA #:		USEF#:	1									
EXHIBITOR #2 **	Signature:		ALL MUST SIGN:									
Name			As owner, agen	nt or guardian, I c		ormation provided						
Address				UPHA and Will Rogers Equestrian Center, its managers and their respective agents, contractors, officers, employees, directors, shareholders and assigns from all responsibility to horses, persons, and/or equipment arising from any connection with this show. It is understood and agreed that								
City/State/Zip			participants will be solely responsible for any consequential or other loss, injury, or damage incurred while participating in this event.									
ASHA #:	•	USEF#:	1									
EXHIBITOR #3 **	Signature:	OSE: W.	1									
Name			1	I have read and understand the above and agree to abide by its contents								
Address	1		1									
City/State/Zip	1		1									
ASHA #:		USEF#:	1									
OWNER	Signature:		Ā			SIGNATURE	(OWN	IER/AGENT)			•	
Name			1				,					
Address	1		1									
City/State/Zip	1		1									
ASHA #:		USEF#:	1									
Owner's Phone :		E-mail:	1									