

2024 – ALL AMERICAN YOUTH HORSE SHOW ENTRY FORM – PLEASE PRINT ALL INFORMATION

**RETURN ENTRIES WITH PAYMENT, ID, REGISTRATION PAPERS (if needed) TO:
 AAYHS, 20155 FLORENCE CHAPEL PIKE, CIRCLEVILLE, OH 43113 PLEASE USE DELIVERY SERVICE WITH A TRACKING NUMBER!!**

**OFFICE USE
ONLY**

TOTAL REC'D

\$ _____

EXHIBITOR # _____

HORSE STALL# _____

TACK STALL # _____

Exhibitor's Name: _____ **Year of Birth:** _____ **ATTACH A COPY OF EXHIBITOR BIRTH CERTIFICATE, PASSPORT OR STATE ID TO THIS FORM. ENTRIES WILL NOT BE ACCEPTED WITHOUT ONE. FALSIFICATION OF ANY DOCUMENT COULD RESULT IN A PERMANENT BAN FROM THE AAYHS. DO NOT EMAIL YOUR FORMS! MAIL OR SHIP WITH A TRACKING NUMBER. EMAILED FORMS WILL NOT BE ACCEPTED! ALL REQUIRED FORMS & PAYMENT MUST BE INCLUDED (EXCEPTION COGGINS & CVI).**

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Horse/Pony Registered Name: _____ **(Use barn name ONLY if not registered). SELECT: HORSE _____ PONY _____**

Breed Associations: _____ **Attach a COPY of registration papers for each breed association if you are participating in ANY registered class. ENTRIES WILL NOT BE PROCESSED WITHOUT THEM.**

Email Address (PRINT LEGIBLY): _____

Group Name (if applicable): _____

1. ALL HORSES & PONIES ARE REQUIRED TO SUBMIT A NEG. COGGINS & CERTIFICATE OF VET. INSPECTION. IT IS PREFERRED THAT THE COGGINS IS SUBMITTED WITH YOUR ENTRIES, HOWEVER WE REALIZE THAT IS NOT ALWAYS CONVENIENT WITH OUR DEADLINES. WE MUST RECEIVE YOUR NEGATIVE COGGINS PRIOR TO ARRIVAL & YOUR CVI WITHIN 30 DAYS OF THE SHOW. FAILURE TO DO SO WILL RESULT IN A SCRATCH WITH NO REFUND. SEE PAGE 1 OF THE SHOWBILL OR OUR WEBSITE FOR MORE INFORMATION.

2. MAKE ALL CHECKS PAYABLE TO: ALL AMERICAN YOUTH HORSE SHOW OR AAYHS. WE DO NOT ACCEPT CREDIT CARDS OR ANY PAY APP.

3. BLOCK STABLING IS ONLY AVAILABLE IF STALL RESERVATIONS ARE RECEIVED IN THE SAME ENVELOPE. SEE BLOCK STALL FORM FOR MORE INFO.

4. One entry form per horse/rider combination. No double entry in Showmanship, Horsemanship, Equitation, Ranch Rail, Pleasure or Hunter Under Saddle.

5. ALL PONIES MUST BE MEASURED AT SHOW. No exceptions.

6. If you are participating in the Sponsor Incentive Program, YOUR STALL FEES AND ENTRIES must be PAID & POSTMARKED by MARCH 24, 2024.

CLASS # CLASS # CLASS # CLASS # CLASS # CLASS # CLASS # CLASS # CLASS # CLASS # CLASS #

TO HAVE YOUR NAME PRINTED IN THE SHOW PROGRAM. ENTRIES MUST BE POSTMARKED MARCH 24!

HORSE STALL – BY 3/24/24@ \$120.00 PER HORSE/PONY _____
 HORSE STALL – AFTER 3/24/24 @ \$140.00 PER HORSE/PONY _____
 TACK STALL – BY 3/24/24 @ \$150.00 EACH _____
 TACK STALL - AFTER 3/24/24@ \$170.00 EACH _____
 SHOW PROGRAM BOOK @ \$15.00 EACH PRE ORDER ONLY, # OF COPIES: _____ = _____

PRE-ORDER ONLY!! LIMITED SALES AT SHOW!!

PRE-ENTRY FEES # OF CLASSES _____ @ \$30.00 PER CLASS (ON OR BEFORE 3/24) = _____
 POST ENTRY FEES # OF CLASSES _____ @ \$45.00 PER CLASS (AFTER 3/24) = _____
 ADMIN./OFFICE FEE (EXHIBITOR/EQUINE) - \$5.00 (non-refundable) _____ \$5.00 _____
 (\$5.00 office fee will be charged for each exhibitor/equine combination).

TOTAL: _____

FENCE CLASSES: RIDERS MUST INDICATE HEIGHT (2'0", 2'3", 2'6") HEIGHT CANNOT BE CHANGED ONCE ENTRIES ARE MADE.

HEIGHT: _____

Assumption of Risk, Waiver and Indemnification. THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

I AGREE in consideration for my participation in the, All American Youth Horse Show, to the following:

I AGREE that I choose to participate voluntarily in the competition with my horse, as a rider, driver, handler, lessee, agent, coach and trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss and bodily injury including broken bones, head injuries, trauma, pain, suffering or death (harm).

I AGREE to release the All American Youth Horse Show from all claims for money, damages or otherwise for any harm resulting from the negligence of the All American Youth Horse Show.

I AGREE to indemnify (that is to pay any losses, damages or costs incurred by) the All American Youth Horse Show and to hold them harmless with respect to claims for harm to me or my horse, and for claims made by others for any harm caused by me or my horse at the competition.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the All American Youth Horse Show strongly encourages me that I do so. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this release on the child's behalf and ensure that they will abide by the rules stated in the SHOWBILL for this show.

I AGREE that the "All American Youth Horse Show" as used above includes all their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations. I have read the rules governing this and AGREE to abide by them.

parent/guardian signature _____
 phone: _____

email address _____