



JACKPOT COMPETITION SERIES

Five Forks Stables – Cartersville, GA

Saturday, September 9th, 2017

10:00 am – 5:00 pm

REGISTRATION FORM

Horse's Name: _____

Rider's Name: _____

DOB (if under 18): ____/____/____

ID# (if a CHA member): _____ or Club Affiliation Name: _____

Address, City, ST, Zip: _____

Phone: (____) _____ - _____ Email: _____

Emergency Contact & Phone: _____

For each Class, mark an "X" under any one (1) Division that you would like to Compete in and then in the next line mark an "X" under any other Divisions that you would like to Exhibition in (if any):

	Walk	Trot	Canter			
SINGLE BARREL	Competing in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$10.00 = \$ _____
	Exhibition in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$5.00 each = \$ _____
TRIPLE TRIANGLE	Competing in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$10.00 = \$ _____
	Exhibition in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$5.00 each = \$ _____
WILD CARD	Competing in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$10.00 = \$ _____
	Exhibition in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	#	x \$5.00 each = \$ _____

Arena Fee of \$15 = \$ _____

ADDITIONAL OPTIONS

Horse Rental Fee of \$20 = \$ _____

I need a Stall for the day at \$20 = \$ _____

I need a Stall for # _____ night(s) at \$25/night = \$ _____

I need a Primitive Campsite for # _____ night(s) at \$0/night = \$ FREE

TOTAL DUE = \$ _____

Please pay via PayPal to chatthaclub@gmail.com or make checks payable to Chattahoochee Horse Archers

- By checking this box, I certify that the participant is a member of Horse Archery USA.
- I am willing to share my horse with another rider (if the facility runs out of rental horses).

By signing below, I hereby agree to abide by and enforce the rules and regulations of the Chattahoochee Horse Archers, Inc.. By participating in a CHA event, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation.

Signature/Guardian Signature: _____ Date: ____/____/____

To submit form, email to hopiwan@me.com. Or to ask questions, contact Hope Bozec, Secretary at 770.356.2625.

