



# AJA Equine Double-Dip Horse Show

**July 12, 2024**

at The Historic Silver Circle Ranch, 3400 Holcomb Ranch Ln., Reno, NV 89511

## Registration & Release Form for AJA

Horse #
_____
Office Use

**Pre-Entries must be received by 8:00 pm on Tuesday, July 9 for pre-entry pricing. Post-registration pricing is \$10 more per class. Only [RingRadar.com/218/show-info](http://RingRadar.com/218/show-info) or Email entries accepted. Send email entries to show secretary at [susanhowe@gmail.com](mailto:susanhowe@gmail.com).**

**\*Required items      Entry must be filled out clearly and completely. One registration form per Rider.**

Horse: Horse owner: Rider name: <span style="float: right;">SNHSA #:</span> <span style="float: right;">USHJA #:</span> Address, city, state zip Cell Ph #: <span style="float: right;">Email address:</span>	Trainer: <span style="float: right;">SNHSA #:</span> Email address: <span style="float: right;">Cell Ph #:</span> Rider #2 name: <i>(Please write 2nd rider name but use a separate registration form for 2nd rider. If 2nd rider is the trainer, use one registration form and indicate which class(es) the trainer will be riding in)</i>
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Classes entered (horses/ponies may not enter and show in more than 6 classes on Friday):

List Friday class #s:
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<b>Make checks payable to AJA Equine for Friday classes</b>	
Thursday Schooling Fee (pay here if not showing Sat-Sunday).....\$40 = _____	
Friday Pre-entered Classes.....\$40 x _____ = _____	
Friday Warm-up Schooling Rounds.....\$40 x _____ = _____	
Friday Post-entered Classes.....\$50 x _____ = _____	
\$10 SNHSA/USHJA Horse Fee for AJA Equine Show.....\$10 = _____	
\$25 Non-Member Fee.....\$25 = _____	
\$30 Non-compete Horse fee.....\$30 = _____	
Outdoor pipe panel pens \$40/night.....\$40 x _____ = _____	
Total: \$ _____	

Office use:
Charge on RingRadar.com _____
Cash \$ _____
Check \$ _____ Check # _____
Zelle @ajaequestrian@gmail.com \$ _____
Total due \$ _____
Total Paid \$ _____
Notes:

**SNHSA WAIVER AND RELEASE**

I, the undersigned, acknowledge that as a rider/competitor, I am subjecting myself to certain inherent risks of injury and damage to either horse, rider, or equipment. Knowing these facts, I nevertheless, in consideration of you accepting me as a competitor, do hereby for myself, my heirs, executors and administrators, agree to waive, release and hold harmless AJA Equine, Pair of Aces Stables, Silver Circle Ranch and SNHSA their employees, agents or representatives, paid or unpaid, from any accident, death, injury, damage, or theft that might occur to me, my horses, family, friends, or personal belongings while at Silver Circle Ranch.

I HAVE READ THE ABOVE STATEMENT AND I DO UNDERSTAND MY RIGHTS THEREOF.

Signature of Rider 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Rider 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_



# Pair of Aces Stables Horse Show

## 2-Day Horse Show

### July 13-14, 2024

The Historic Silver Circle Ranch, 3400 Holcomb Ranch Ln., Reno, NV 89511  
 Registration & Release Form for POA

Horse #  _____
Office Use  _____

**Pre-Entries must be received by 8:00 pm on Tuesday, July 9 for pre-entry pricing. Post-registration pricing is \$10 more per class. Only [RingRadar.com/219/show-info](http://RingRadar.com/219/show-info) or Email entries accepted. Send email entries to show secretary at [susanhhowe@gmail.com](mailto:susanhhowe@gmail.com).**

**\*Required items      Entry must be filled out clearly and completely. One registration form per Rider.**

Horse*:  Horse owner:  *Rider name: <span style="float: right;">SNHSA #:</span> <span style="float: right;">USHJA #:</span>  Address, city, state zip)  *Cell Ph #:	*Trainer: <span style="float: right;">SNHSA #:</span>  Email address: <span style="float: right;">*Cell Ph #:</span>  Rider #2 name:  <i>(Please write 2nd rider name but use a separate registration form for 2nd rider. If 2nd rider is the trainer, use one registration form and indicate which class(es) the trainer will be riding in)</i>
*Cell Ph #:	*Email address:

Classes Entered (horses/ponies may not enter and show in more than 6 classes in a day):

Saturday class #s:	Sunday class #s:
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**Make checks payable to Pair of Aces Stables for Saturday & Sunday classes, pipe panel pens and schooling**

Thursday Schooling Fee.....	\$40 =	_____
Saturday/Sunday Pre-Entered Classes.....	\$40 x _____ =	_____
Saturday/Sunday Warm-up Schooling Rounds.....	\$40 x _____ =	_____
Saturday/Sunday Post-entered Classes .....	\$50 x _____ =	_____
Low or High Jumper Derby.....	\$75 =	_____
Low or High Hunter Derby.....	\$75 =	_____
\$10 SNHSA/USHJA Horse Fee for POA Show.....	\$10 =	_____
\$25 Non-Member Fee.....	\$25 =	_____
Non-compete Horse fee.....	\$30 =	_____
Outdoor pipe panel pens \$40/night.....	\$40 x _____ nights =	_____
Total: \$		_____

**Office use:**

Charge on RingRadar.com \_\_\_\_\_

Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

[Zelle @paifacesstables@yahoo.com](mailto:Zelle@paifacesstables@yahoo.com)

\$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

Notes:

**SNHSA WAIVER AND RELEASE**

I, the undersigned, acknowledge that as a rider/competitor, I am subjecting myself to certain inherent risks of injury and damage to either horse, rider, or equipment. Knowing these facts, I nevertheless, in consideration of you accepting me as a competitor, do hereby for myself, my heirs, executors and administrators, agree to waive, release and hold harmless AJA Equine, Pair of Aces Stables, Silver Circle Ranch and SNHSA their employees, agents or representatives, paid or unpaid, from any accident, death, injury, damage, or theft that might occur to me, my horses, family, friends, or personal belongings while at Silver Circle Ranch.

I HAVE READ THE ABOVE STATEMENT AND I DO UNDERSTAND MY RIGHTS THEREOF.

Signature of Rider 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Rider 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_