

## 2024 Timed Team Roping Sweepstakes Entry Form

All rules and entry fees are listed in the 2024 World Show Premium Book. All horses must pay a minimum of one daily stall fee.

Open to Regular Registry and Solid Paint-Bred horses. Both horses on the team must be registered Paint Horses. Horses are eligible to enter twice with different horse partners or swap ends.

| APHA Use | Date     |
|----------|----------|
|          | Initials |

## **Entry Fees and Deadlines**

Postmarked on or before May 15, 2024 - \$370/team per run Postmarked on or after May 16, 2024 until 5 p.m. the day before the class - \$470/team per run

| Header: Horse's name:               |   | Registration #:    |            |  |  |  |
|-------------------------------------|---|--------------------|------------|--|--|--|
| Owner's name:                       |   | Social Security #: |            |  |  |  |
| Name of individual whose Social Se  | curity number is listed above:  |                    |            |  |  |  |
| Is the owner a current APHA memb    | er? Yes No* APHA ID #:  |                    |            |  |  |  |
| Address:                            |   |                    |            |  |  |  |
| City:                               | State:  | Zip:               | Telephone: |  |  |  |
| Exhibitor's name:                   |   | Telephone: _       |            |  |  |  |
| Is the exhibitor a current APHA mer | mber? Yes No* APHA ID #:  |                    |            |  |  |  |
| Address:                            |   |                    |            |  |  |  |
| City:                               | State:  |                    | Zip:       |  |  |  |
| Heeler: Horse's name:               |   | Registra           | ation #:   |  |  |  |
| Owner's name:                       |   | Social Security #: | ······     |  |  |  |
| Name of individual whose Social Se  | curity number is listed above:  |                    |            |  |  |  |
| Is the owner a current APHA memb    | er? Yes No* APHAID#:  |                    |            |  |  |  |
| Address:                            |   |                    |            |  |  |  |
| City:                               | State:  | Zip:               | Telephone: |  |  |  |
| Exhibitor's name:                   |   | Telephone: _       |            |  |  |  |
| Is the exhibitor a current APHA mer | mber? Yes No* APHAID #:   |                    |            |  |  |  |
| Address:                            |   |                    |            |  |  |  |
|                                     | State:  |                    |            |  |  |  |
|                                     | l be deemed acceptance of the rules of and all other<br>bitor into the show ring shall be deemed acceptance |                    |            |  |  |  |

\*Owners and exhibitors must be current members of APHA or AjPHA to compete at the World Show.

| New Membership Ir  | nformation  |   |   |   |   |  |
|--|---|---|---|---|---|--|
| Exhibitor's name:  |   |   |   |   |   |  |
| Address:   |   |   |   |   |   |  |
| City:  | State:  |   | Zip:  | Telephone:  |   |  |
| E-mail:  |   |   |   |   |   |  |
| Relationship to horse owner:   |   |   |   | Date of Birth:  |   |  |
| Exhibitor's name:  |   |   |   |   |   |  |
| Address:   |   |   |   |   |   |  |
| City:  | State:  |   | Zip:  | Telephone:  |   |  |
| E-mail:  |   |   |   |   |   |  |
| Relationship to horse owner:   |   |   |   | Date of Birth:  |   |  |
| Payment Information  | on  |   |   |   |   |  |
| $\frac{\text{Number of Runs}}{\text{Number tof Runs}} \times \frac{\$}{\text{Entr}}$ Administrative fee—\$75 per H | y Fee   |   | <br>  | horse regardless of the n   | assessed only one time per<br>umber of classes in which<br>/horse handling fee will be<br>d online. |  |
| AjPHA Membership(s)  | jPHA Membership(s) at \$39*: \$ Con   |   |   | Complete "New Membership Information" above.  |   |  |
| APHA Membership(s)   | at \$89*: <u>\$</u>   |   |   |   |   |  |
| *Discounted rates available is   | f submitted online.   |   |   |   |   |  |
| Total Amount Due   | \$  |   |   |   |   |  |
| Form of Payment: Che   | ck or Money Order enclosed  | MasterCard  | VISA  | American Express  | Discover  |  |
| Credit card #:   |   |   |   | Exp. date:  | CVV #:  |  |
| Name as it appears on card:  | ame as it appears on card:  |   | Signature:                                  |   |   |  |
| Cardholder's APHA ID #:  |   | Daytin  | ne phone #:                                 | ·   |   |  |
| Address:   |   |   |   |   |   |  |
| City:  |   | State: _  |   |   | Zip:  |  |
| Email:   |   |   |   |   |   |  |
| I give permission for APH  | A to charge my credit card for  | any amounts due   | e with regar                                | rd to my entries.   |   |  |
| to sign an entry form, then fir<br>current APHA Rule Book, NS<br>for myself and others as well                     | y form shall be deemed accept<br>st entry of horse or an exhibito<br>BA, and NRHA rules. I agree as<br>as respect for authority. I will b<br>am subject to disciplinary actio | r into the show rii<br>an APHA membe<br>e helpful, caring a | ng shall be o<br>r or trainer<br>nd conside | deemed to be acceptance<br>that I will be honest, fair a<br>rate to others. I understar | e of Premium Book and<br>and friendly. I will have respec   |  |



Signature of Owner or Agent:\_

Fax: (817) 222-6407 · aphaevents@apha.com