

Southwest Washington Futurity/ Maturity Nomination Form

Name of Horse	Owner Name	Rider Name
_____	_____	_____
Sire	Address	Address
_____	_____	_____
Dam	City, State, Zip	City, State, Zip
_____	_____	_____
Breed	Reg #	Phone
_____	_____	_____
Age	Sex	Color
_____	_____	_____
	Social Security Number	Social Security Number
	_____	_____

I (We) hereby make application to enter the above named horse in the Southwest Washington Futurity/Maturity subject to the rules, all of which I (we) have read and agree to the provisions contained therein as part of this contract. I (We) hereby release the Clark County Saddle Club and Rocky Top Arena from any claim or loss to myself or rider, horses and/or equipment.

Signed: _____ Date: _____

Attach a photocopy of both front and back of the horses registration papers or veterinarian's affidavit of age and mail with appropriate fees to:

Viki Friedrich
P O Box 206
Salkum, Wa. 98582

Make checks payable to:
Rocky Top Arena

Questions please contact Viki Friedrich at 360-520-0004.