

ENTRY FORM FOR CHAMPIONS CHALLENGE

Friday, January 30, 2009

Must be received by Friday, January 2, 2009

Circle one: **OPEN** **NON PRO**

Name: _____

NCHA Number: _____

Street Address: _____

City/state/zip: _____

Horse: _____

Phone number: _____

SS#: _____

Qualification year: _____

Entry fee--\$800

Fax this entry to: 706-823-3447

**Mail check to:*

**ATLANTIC COAST
CUTTING HORSE
ASSOCIATION**

P.O. Box 936
Augusta, GA 30903
725 Broad Street
Augusta, GA 30901
Phone: (706) 823-3417
FAX:(706)823-3447
www.augustafuturity.com

Check



Other Card

If credit card, Name of cardholder:

_____ Exp Date _____

Credit card # _____