

# Entry Form for Champions Challenge

Thursday, January 28, 2010

Must be recieved by Monday, January 4, 2010

Circle One:    OPEN            NON-PRO

Owner \_\_\_\_\_ NCHA # \_\_\_\_\_

Rider \_\_\_\_\_ NCHA # \_\_\_\_\_

SS # Owner \_\_\_\_\_ Rider \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Horse \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

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 # \_\_\_\_\_

3 Digit Security Code  
*(Found on back  
of credit card)*