

ARKANSAS BARREL RACING ASSOCIATION

Novice Barrel Horse Application 2019 – 2020



Name of horse:	Age of horse:
Is nominee Registered? :	If yes, Registration Number:
Current Owner's Name:	Phone Number(s):
Address:	
Designated Rider for Novice Barrel Horse:	
Previous Owner's Name:	Phone Number(s):
Address:	
How long have you owned this horse? :	How long did previous owner own this horse? :
Has nominee ever competed in ANY EVENT before? I.e. barrel rac	es, play days and non-sanctioned competition:
If so, please list all events, amount of money won and any points or	awards earned:
List names of all trainers who have trained nominee for any disciplir	ne or specific event. Please include phone numbers:
Provide a summary of horse's history (use additional paper and atta	iched if necessary):
All questions below are in re	eference to <u>BARREL RACING</u> COMPETITION only:
Has nominee ever placed in open rodeo competition? :	
Has nominee ever placed in the first division (1D) money at any 3D,	4D or 5D barrel race? :
Has nominee won more than \$250.00 in 2D, 3D, 4D or 5D money in	n its lifetime? :
Has nominee earned more than 150 horseshow points in A.B.R.A. o	or open horseshow competition as tabulated by the A.B.R.A. point system? :
Has nominee accumulated more than 3 points in Arkansas State Ho	prseshow Association competition? :
Has nominee accumulated more than 1 point in A.Q.H.A. or A.P.H.A	A. competition? :
	d in this application is true to the best of my knowledge. I submit this application with fu ation as needed in order to approve and accept my nomination for the above referenced
Signature:	Printed Name:
Owner's Signature (if different than designated rider):	Date: