

Illinois Ranch Horse Association

2024 FUTURITY

Payment must be received by ILRHA or postmarked according to the following Payment Schedule:

2/1/24 to 4/30/24\$150
5/1/24 to 7/31/24\$325
8/1/24 to day of show\$500

ENTRY FEES ARE NOT REFUNDABLE!

Each Futurity will consist of two classes with the winner determined by overall cumulative score based on placings in each class.

TWO-YEAR-OLD FUTURITY- Classes include Ranch Riding and Ranch Trail.

THREE-YEAR-OLD FUTURITY – Classes include Ranch Boxing and Ranchmanship.

ARHA Rules apply except as they differ from the following which shall apply:

*Owners and Exhibitors must be current ARHA and ILRHA members. Forms are available at:

www.americanranchhorse.net
www.Illinoisranchhorse.com

*One exhibitor may show multiple entries in the Three-Year-Old Futurity.

*The same exhibitor must show the horse in both classes, except in the two-year-old ranch riding in which a second exhibitor may ride the horse; this person must also meet eligibility requirements.

*Horses must have ARHA Certificate of Eligibility.

Winner is guaranteed a buckle. Results are reported to QData. Prize money is dependent on number of entries and sponsors.

HOW TO ENTER –

- 1) Submit entry form, Certificate of Eligibility, and proof of membership via email to: Lisa.ILRHA.Futurity@gmail.com and submit payment via check or PayPal (friends and family only) to @PayILRHA.
- 2) Submit entry form, Certificate of Eligibility, and proof of membership at any of our shows with payment at the same time.
- 3) Submit entry form, certificate of eligibility, and proof of membership via USPS with payment (DO NOT SEND CASH) to:

ILRHA Futurity
Attn: Lisa Kinser
3625 Forest View Dr.
Joliet, IL 60431

CUT ALONG LINE IF MAILING OR SUBMITTING AT SHOW

ILRHA FUTURITY ENTRY FORM 2023

Indicate Futurity Age: _____ Two-Year-Old _____ Three-Year-Old

Name of Horse: _____ ARHA Registration #: _____

Exhibitor/s: _____ ARHA #'s: _____

Horse's Sire: _____ Horse's Dam: _____

Horse Owner/s: _____ ARHA Membership #'s: _____

Entry Contact Information:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Use Only: ARHA: _____ ILRHA: _____ COE: _____ Initials: _____

Date payment received: _____ **Amount:** \$ _____

Payment format:

Ck#: _____ **Show Tab Back Number:** _____ **PayPal from:** _____