



ADHHA CHALLENGE CUP SERIES

2022 Entry Form

Team Leader Name: _____ Date: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Team Members (Optional): _____

Team Name: _____

Team Sponsor (Optional): _____

Name of Horse: _____ Age: _____ Reg#: _____

Sire Name: _____ Dam Name: _____

Previous Owner: _____ Phone: _____

Address: _____

Private Sale: Yes / No Name of Public Sale: _____

Purchase Date: _____ Breeder if known: _____

____ Open Harness ____ Jr/Limit Harness ____ Jr/Limit Park Saddle

Team Leader is the authorized representative for the team and has the consent of the team members to enter the above named horse and to execute all documents necessary to participate in the program. Team Leader and members have read the program conditions on the back side of this form and agree to the terms and conditions. If horses are purchased by private transactions, or at public auctions, the previous owner may not hold an interest greater than 25%. Horse ownership will be transferred into Team Name at no charge.

The program fee of \$1500 per horse must be paid each year before the Team will be accepted in the program.

Team Leader signature X _____

Completed form & payment to be returned to ADHHA • 455 E. Farver Street • Shippshewana, IN 46565
Copy form to rdwedel@aol.com