

NBHA President's Cup

September 17-19, 2010 • *The Hippodrome*

5540 Jefferson Davis Hwy., North Augusta, SC 29841

For camping information, call 803-278-4785. All stalls are pre-assigned and bedded with 3 bags of shavings, by the Boys' Club table tennis team.

16 WILD CARDS!
PRIZES THROUGH 3RD IN ALL DIVISIONS!
Limited # Exhibitions - Friday 1-5 pm - \$5 at gate

TENTATIVE SCHEDULE

Because this show has no entry limitation, the starting date is subject to change.

Fri.	Sept. 17	12-noon 1 pm-5pm 6:00 pm	Stall check-in Exhibitions Race 1
Sat.	Sept. 18	9:00 am	Race 2 Youth follows Race 2
Sun.	Sept. 19	9:00 am	Race 3



Hotel
Reservations
SLEEP INN
 NORTH AUGUSTA
 803-202-0209

NEW!!! Draws and stall numbers posted on website: www.nbha.com – 1 week prior to show

Entries for President's Cup must be postmarked by August 27, 2010



NO REFUNDS
NO RIDER SUBSTITUTIONS
HORSE SUBSTITUTIONS ALLOWED
Returned Check Fee \$35

SHOW INFORMATION
 706.823.3728
www.nbha.com
 fax: 706.823.3700

MAKE CHECKS PAYABLE & MAIL THIS FORM TO: NBHA PRESIDENT'S CUP • PO BOX 1988 • AUGUSTA, GA 30903

Late entries will be accepted on-site until 1st horse runs in each race, Open - \$25 per late entry, Youth, Senior - \$15 per late entry.

Member# (REQUIRED) _____ Name _____ SS# (REQUIRED) _____
 Address _____ City _____
 State _____ Zip _____ Home Phone # _____ Cell Phone # _____
 Email _____ Age _____

FRIDAY - RACE 1 — \$2,000 ADDED

HORSE NAME (REQUIRED) _____ \$35
 HORSE NAME (REQUIRED) _____ \$35

SATURDAY - RACE 2 - \$3,000 ADDED

HORSE NAME (REQUIRED) _____ \$50
 HORSE NAME (REQUIRED) _____ \$50

SATURDAY - YOUTH - \$500 ADDED - Follows Race 2

HORSE NAME (REQUIRED) _____ \$25
 HORSE NAME (REQUIRED) _____ \$25

SUNDAY - RACE 3 - \$2,500 ADDED

HORSE NAME (REQUIRED) _____ \$45
 HORSE NAME (REQUIRED) _____ \$45

ENTRY FEES TOTAL\$ _____
 STALL FEE \$68 EACH (2 Bags Shavings Included).....\$ _____
 PROCESSING FEE \$25 (ONCE PER PERSON)\$ _____
 TOTAL DUE NBHA\$ _____

METHOD OF PAYMENT *Credit Cards not Accepted at Show*

CHECK VISA MasterCard OTHER CARD

IF CREDIT CARD, NAME OF CARDHOLDER: _____

CREDIT CARD # _____

EXP DATE _____