



American Buckskin Registry Association, Inc.

1141 HARTNELL AVE. - REDDING, CA 96002-2113 (530) 223-1420

ABOUT YOUR ABRA AMATEUR EXHIBITORS APPLICATION

1. Read your Amateur application entirely. **BOTH SIDES MUST BE COMPLETED.**
2. ABRA Amateurs must be current members of ABRA. A membership application must be returned with your Amateur application, accompanied by the appropriate fees, before your application can be processed.
3. Horses registered in the name of a ranch, farm, or corporation are not eligible to show in Amateur competition.
4. Any horse exhibited by an amateur in an ABRA approved Amateur event must be owned by the contestant or by the contestant's spouse, child, stepchild, father, mother, grandparent, grandchild, stepparent, sibling, half-sibling, step-sibling, spouse's parent, spouse's stepparent, sibling's spouse, half-sibling's spouse, step-sibling's spouse, legal ward, or legal guardian as evidenced by records filed with ABRA. Horses under lease to, but not owned by any of the named persons, do not qualify.
5. Submit a list of all ABRA registered horses that will be shown by applicant in the Amateur Division **ONLY**. On this list, include the following:
 - a) Name of horse.
 - b) ABRA registration number.
 - c) Name of owner.
 - d) Relationship of owner to applicant.
 - e) Will any other Amateur or Youth be showing this horse? If so, please specify.

*(Note: If this information should change, the ABRA office **MUST BE** notified **IN WRITING** immediately.)*

6. If you are approved, please keep in mind that your Amateur card **must be** carried with you, and **must be** presented to the show secretary before you are allowed to show in ABRA Amateur classes.

In submitting this application for an ABRA Amateur Exhibitors card, I hereby affirm that the information contained herein is true and correct, and that I have not shown, trained, or assisted in training a horse, judged a horse show or instructed another person in riding, driving, training, or showing a horse in competition either directly or indirectly for remuneration (excluding premium monies, but including reimbursement of my expenses) at any time during the past five (5) years.

Furthermore, I agree to comply with the rules and regulations as stated in the current ABRA Official Handbook, and to be bound by Corporate By-Laws of the **AMERICAN BUCKSKIN REGISTRY ASSOCIATION, INC.**

Also, I understand that my status as an ABRA Amateur Exhibitor, and my ABRA Amateur Exhibitor card is revocable. Should the Association find, that for any reason, I am no longer eligible to compete in ABRA approved Amateur classes, I agree to surrender said card to the Association immediately upon request. I understand that failing to do so, I am eligible for possible disciplinary action under the general rules of the Association. Furthermore, should I, for any reason become ineligible to compete in ABRA approved Amateur classes, I will surrender my ABRA Amateur Exhibitor card to the Association immediately without request. I understand that failing to do so would make me eligible for possible disciplinary action under general rules of the Association.

Signature of Applicant

Date

STATEMENT OF VERIFICATION

THIS SECTION TO BE COMPLETED BY TWO MEMBERS IN GOOD STANDING OF ABRA, WHO ARE NOT MEMBERS OF THE APPLICANT'S IMMEDIATE FAMILY. Should you be unable to secure two names, the office will accept a photocopy of your current Amateur card of another breed association.

I hereby affirm that to the best of my knowledge and belief, the information provided in this application is true and correct, that I am a member in good standing of the **AMERICAN BUCKSKIN REGISTRY ASSOCIATION**, and that I am not a member of the applicant's immediate family.

Signature of ABRA Member

Date

Printed name & ABRA ID Number

Signature of ABRA Member

Date

Printed name & ABRA ID Number

FOR OFFICE USE ONLY

Accepted []

Rejected []

Initials _____

Date _____