

NBHA PRESIDENT'S CUP

Sept. 19-21, 2008

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!

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

Limited # Exhibitions Friday 1-5 pm – pay \$5 at gate

**NEW – Draws and stall numbers posted on website:
 www.nbha.com – 2 weeks prior to show**

Tentative Schedule

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

Fri. Sept. 19	12-noon 1 pm-5pm 6:00 pm	Stall check-in Exhibitions Race 1
Sat. Sept. 20	10:00 am	Race 2 Youth follows Race 2 Arena Race follows Youth
Sun. Sept. 21	9:00 am	Race 3



NEW:
ARENA RACE
 One barrel
 straight shot run

HOTEL
RESERVATIONS
SLEEP INN
NORTH AUGUSTA
803-202-0209

ENTRIES FOR
 PRESIDENT'S CUP
 MUST BE
 POSTMARKED BY
 AUGUST 29, 2008



WWW.NBHA.COM

NO REFUNDS
 NO RIDER SUBSTITUTES
 HORSE SUBSTITUTIONS
 ALLOWED
 Returned check fee \$35

SHOW INFORMATION
706-823-3728

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 LATE ENTRIES WILL BE ACCEPTED ON-SITE UNTIL 1ST HORSE RUNS IN EACH RACE, OPEN – \$25 PER LATE ENTRY, YOUTH, ARENA – \$15 PER LATE ENTRY.

Member# REQUIRED _____ Name _____ SS# REQUIRED _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Work Phone _____

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 (includes 3 bags shavings) \$ _____
ARENA RACE \$20 \$ _____
PROCESSING FEE \$25 (ONCE PER PERSON) \$ _____
TOTAL DUE NBHA \$ _____

Check Other Card

If credit card, Name of cardholder: _____
 Credit card # _____ Exp Date _____