# 2019 AQRA President's Open Spring Derby



## Purse $60,000 Estimated    ($10,000 Added )

**Trials:  Sunday, March 31, 2019**

**Finals: Sunday , April 14, 2019**

**Weight: 122 lbs (No Sex Allowance)**            **350 Yards**

**Open to Any Registered AQHA or APHA  Foals of 2016**

---

**NOMINATION FEE:**

$500 on or before January 15, 2019
(Please include $50 for Single or $75 for
Partnership for AQRA Membership Dues)
$$500 on or before February  15, 2019

**TOTAL:  $1000**

---

**LATE NOMINATIONS:**

1.  $2,000 on or before February 15, 2019
    plus all back payments ($3,000)
2. $4000 at time of entry to trials Cash Only.

5% Withheld for AQRA Administrative
*Must be an AQRA member to Race*

---

### Ten horse gates will be used for the Trials and Derby

Purse to be divided:  50% to winner, 20% to second, 10% to third, 6% to fourth, 4% to fifth,

3% to sixth, 2.5% to seventh, 2% to eighth, 1.5% to ninth, 1% to tenth.

Turf Paradise may offer a consolation

| NAME OF HORSE | SEX | SIRE | DAM | FEES |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **TOTAL ENCLOSED:** |  |  |

**Release of Liability  or Waiver of Liability**

I, the undersigned, and my parent/guardian, if applicable, do hereby release, indemnify, and hold harmless, The Arizona Quarter Racing Association, it board of directors, officers, agents, employees and volunteers or any sponsor from any and all liability claims demands and actions whatsoever arising out of or related to any loss, which may be sustained to me or any property belonging to me.  The terms hereof shall also serve as an assumption of risk for my heirs, executor , executor and administrator for all members of my family, and may be pleaded as a bar to litigation.  By my signature I agree to all terms and conditions as written on this form..

Owner Signature _____DATE_____

**Owner:** _____          **Cell Phone:** _____

**Address:** _____

**City:** _____          **State:** _____          **Zip:** _____

**Email Address:** _____          **Date:** _____

**TRAINER** _____          **cell** _____

---

**SEND TO: AQRA P.O.BOX 1316 THATCHER, ARIZONA  85552**
**ALL PAYMENTS MUST BE POSTMARKED BY DUE DATE OR LATE FEES WILL APPLY.**
**ANY MISSED PAYMENTS AFTER NOMINATION WILL DOUBLE…**
**CALL 602-625-0468  TO PAY BY CREDIT CARD (5% surcharge)**