

Name of person who will be paying this horses fees:



Reiner Shine
L.A. Equestrian Center
480 Riverside Dr., Burbank CA 91506

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ AQHA. #: _____ Sex: M G S Foal Yr: _____
PCHA Nominated: Yes No APHA #: _____ Trainer: _____

OWNER INFORMATION as it appears on Competition License

****SSN or TIN Must Be On File To Receive Payout Checks**

Name	NRHA #	Exp. Date	AQHA #	Exp. Date	CRHA Member	PCHA #	Exp	APHA #/ Exp
Owner					YES NO			
Co-Owner					YES NO			

Address: _____ City, State, Zip: _____ E-Mail Address: _____

EMERGENCY CONTACT Name: _____ Phone Number: _____ Relationship: _____

EXHIBITOR INFORMATION **Date of Birth (DOB) req'd for youth, Primetime & Select exhibitors (50 & Older) , and MASTERS (65 and older) divisions only

ADMINISTRATIVE FEES

RIDER #1 Relationship To Owner:		RIDER #2 Relationship To Owner:	
Name: _____	DOB: _____	Name: _____	DOB: _____
NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> NP <input type="checkbox"/> Youth		NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> NP <input type="checkbox"/> Youth	
AQHA #: _____ Exp. Date: _____ <input type="checkbox"/> Nov <input type="checkbox"/> Amt <input type="checkbox"/> Youth		AQHA #: _____ Exp. Date: _____ <input type="checkbox"/> Nov <input type="checkbox"/> Amt <input type="checkbox"/> Youth	
PCHA #: _____ Exp Date: _____ CRHA Member: Yes No		PCHA #: _____ Exp Date: _____ CRHA Member: Yes No	
APHA # _____ Exp. Date: _____		APHA #: _____ Exp. Date: _____	
Class Numbers		Class Numbers	

- Office \$30.00 Per Horse
- CA Drug \$ 5.00 Per Horse
- Media Fee \$ 10.00 Per Horse
- Post Entry \$ 25.00 If received after 5/25/17
- AQHA Processing \$ 4.00 If entered in AQHA (per horse)
- Grounds Fee \$ 25.00 Per day if not renting stall
- PCHA Horse \$ 3.00 If entered in PCHA (per horse)
- PCHA Non Member \$ 5.00 If Applicable
- CRHA Non Member \$ 20.00 If Applicable
- NRHA Drug Fee \$ 7.00 Per horse

RIDER #3 Relationship To Owner:	
Name: _____	DOB: _____
NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> NP <input type="checkbox"/> Youth	
AQHA #: _____ Exp. Date: _____ <input type="checkbox"/> Nov <input type="checkbox"/> Amt <input type="checkbox"/> Youth	
APHA #: _____ Exp Date: _____	
Class Numbers	

Include the following items w/ your entry form & Mail or fax to:

- Copy of Owner & Exhibitor's current (2017) Membership Card(s)
 - Copy of Horse's Competition License and/or AQHA/APHA Reg. Papers
- Shawn Martin**
CRHA Reiner Shine
29218 N 51st Pl. Cave Creek, AZ 85331
Or fax to: 480-515-1496
Email to: emailmyentries@gmail.com
- If emailing please put Bunny Slide Entries in Subject Line**
Questions? Call CRHA (951)600-8999 crhasecretary@aol.com

Please send earnings to:

Name or Business receiving payment: _____

SSN or EIN (Circle One): _____

Send to following Address: _____

SSN or EIN must belong to the entity listed on the first line

I have read, understand and agree to the terms of the Reiner Shine liability Release. Signature: _____