

Name of person who will be paying this horses fees:



Summer Time Slide
Huntington Central Park Equestrian Center

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ AQHA/APHA #: _____ Sex: M G S Foal Yr: _____
 PCHA Nominated: Yes No CRHA Nominated: Yes No Trainer: _____ Please send earnings to: Owner Trainer Other: _____

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	**SSN or TIN for Winnings
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	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	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	PCHA #:	Exp Date:	CRHA Member: Yes No	PCHA #:	Exp Date:	CRHA Member: Yes No
APHA # & Expiration:						APHA # & Expiration:					
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 7/26/17

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: _____ NP Youth

AQHA #: _____ Exp. Date: _____ Nov Amt Youth

APHA # & Expiration: _____

Class Numbers

LIABILITY RELEASE: The CRHA, Huntington Cental Park Eq Center, and the NRHA, including its officers, directors, servants, agents and employees here called "CRHA" and the owner and/or exhibitor, including parents and/or legal representatives, herein called "Exhibitor", agree that CRHA will not be responsible for any loss, damage or injury to person, animal(s) or property of Exhibitor or Exhibitor's agents, servants, family and/or employees, regardless of how such loss, damage or injury is occasioned and by whom. CRHA and Exhibitor further agree that Exhibitor will protect, indemnify and hold harmless CRHA from any and all claims, suits and/or judgments (including the cost of defense of any such claim and/or suit by CRHA) brought by anyone as a result of any loss, damage or injury to any person, animals or property occasioned by an action or inaction of Exhibitor, either solely or in conjunction with CRHA or anyone else. CRHA assumes no responsibility for the correctness of any description given in the entry information Premium list. Exhibito agrees to abide by all rules and regulations of CRHA . I submit the above entry and agree to Exhibitor Agreement. Must be 18 years of age or older to sign. Parents MUS sign for youth exhibitors. Signature on the entry form acknowledges that you have read and agree to these terms

- Copy of Owner & Exhibitor's current (2017) Membership
- Copy of Horse's Competition License and/or AQHA Reg. Papers ard(s)

Connie Hay
CRHA Summer Time Slide
 1201 E Cloud Rd, Phoenix, AZ 85086
 Or fax to: 623-869-7676
 Email to: reinerentries@gmail.com
Questions? Call CRHA (951)600-8999
 crhasecretary@aol.com

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