

Name of person who will be paying this horses fees:



The Challenge  
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: \_\_\_\_\_  
 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	CRHA Member	Phone Number	**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						RIDER #2					
Name:			DOB:			Name:			DOB:		
NRHA #:		Exp. Date:		<input type="checkbox"/> Pro <input type="checkbox"/> NP <input type="checkbox"/> Youth		NRHA #:		Exp. Date:		<input type="checkbox"/> Pro <input type="checkbox"/> NP <input type="checkbox"/> Youth	
Relationship to Owner:						Relationship to Owner:					
Class Numbers						Class Numbers					

- Office \$40.00 Per Horse
- CA Drug \$ 5.00 Per Horse
- Media Fee \$ 35.00 Per Horse
- NRHA Drug Fee \$ 7.00
- Grounds Fee \$ 25.00 Per day if not renting stall
- CRHA Non Member \$15.00 If Applicable
- Post Entry \$ 50.00 If received after 10/14/17

**RIDER #3**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 NRHA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  Pro  NP  Youth

Relationship to Owner: \_\_\_\_\_

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

**Shawn Martin**  
**CRHA Challenge**  
 28618 N 53<sup>rd</sup> St. Cave Creek, AZ 85331  
 or fax to: 480-515-1496 Email to: emailmyentries@gmail.com  
**Questions?** Call CRHA (951)600-8999 crhasecretary@aol.com

For Office Use Only

Verify that the following items are present & correct:

1.  Competition License # Verified
2. 2017 NRHA Card for:  Owner  Exh. # \_\_\_\_\_
3.  SSN or TIN for Owner
4. AQHA Membership for:  Owner  Exh. # \_\_\_\_\_

**MISSING INFORMATION:**

I have read, understand and agree to the terms of the Challenge liability Release. Signature: \_\_\_\_\_