

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	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
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
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 1/20/17
AQHA Processing	\$ 5.00	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:	Include the following items w/ your entry form & Mail or fax to:
Name: _____	DOB: _____	<ul style="list-style-type: none"> <li>● Copy of Owner &amp; Exhibitor's current (2018) Membership Card(s)</li> <li>● Copy of Horse's Competition License and/or AQHA</li> </ul> <p><b>Shawn Martin</b> <b>Reiner Shine</b> 28618 N 53<sup>rd</sup> St. Cave Creek, AZ 85331 Or fax to: 480-718-8583 Email to: <a href="mailto:emailmyentries@gmail.com">emailmyentries@gmail.com</a></p> <p><b>If emailing put REINER SHINE Entries in Subject Line</b> <b>Questions? Call CRHA (951)600-8999 crhasecretary@aol.com</b></p>
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	
Class Numbers		

**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: \_\_\_\_\_