

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 (2018) Membership Card(s)
- Copy of Horse's Competition License

Shawn Martin
CRHA Challenge
 28618 N 53rd St. Cave Creek, AZ 85331
 or fax to: 480-718-8583 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. 2018 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: _____