

Name of person who will be paying this horses fees:



Sweetheart Reining
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	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
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 1/20/19
 NRHA Drug Fee \$7.00 Per horse
 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

RIDER #3 Relationship To Owner:					
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
Class Numbers					

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

- Copy of Owner & Exhibitor's current (2019) Membership Card(s)
- Copy of Horse's Competition License and/or AQHA

Shawn Martin
Sweetheart Reining
 28618 N 53rd St. Cave Creek, AZ 85331
 or fax to: 480-718-8583
 Email to: emailmyentries@gmail.com

If emailing put **SWEETHEART REINING 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 Sweetheart Reining liability Release. Signature: _____