

NO BACK #'s CAN BE PICKED UP WITHOUT AN OPEN CHECK OR CREDIT CARD BEING LEFT IN THE OFFICE.

Thank you for respecting our rules, 2019 CRHA BOD



Reiner Shine
L.A. Equestrian Center
480 Riverside Dr., Burbank CA 91506

BACK #

Name of person who will be paying this horses fees:

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

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					

ADMINISTRATIVE FEES

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: _____ NP Youth

AQHA #: _____ Exp. Date: _____ Nov Amt 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
Reiner Shine
28618 N 53rd St. Cave Creek, AZ 85331
Or fax to: 480-718-8583
Email to: emailmyentries@gmail.com

If emailing put **Reiner Shine 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: _____