

Name of person who will be paying this horses fees:



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:

OWNER INFORMATION as it appears on Competition License

\*\*SSN or TIN Must Be On File To Receive Payout Checks

Table with columns: Name, NRHA #, Exp. Date, CRHA Member, Phone Number, Email Address. Rows for Owner and Co-Owner.

Address: City, State, Zip:

EMERGENCY CONTACT Name: Phone Number: Relationship:

EXHIBITOR INFORMATION \*\*Date of Birth (DOB) req'd for youth, Primetime & Select exhibitors (50 & Older) , and MASTERS (60 and older) divisions only

ADMINISTRATIVE FEES

Table for Exhibitor Information with columns for RIDER #1 and RIDER #2, including fields for Name, Relationship To Owner, DOB, NRHA #, Exp. Date, AQHA #, PCHA #, and Class Numbers.

- Office \$40.00 Per Horse
CA Drug \$ 5.00 Per Horse
Media Fee \$ 35.00 Per Horse
Post Entry \$ 50.00 If received after 10/5/19
NRHA Drug Fee \$7.00 Per horse
Grounds Fee \$ 25.00 Per day if not renting stall
CRHA Non Member \$ 20.00 If Applicable

Table for RIDER #3 with fields for Name, Relationship To Owner, DOB, NRHA #, Exp. Date, AQHA #, and 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
Shawn Martin
The Challenge
28618 N 53rd St. Cave Creek, AZ 85331
or fax to: 480-718-8583
Email to: emailmyentries@gmail.com

If emailing put CHALLENGE 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 The Challenge liability Release. Signature: