

Name of person who will be paying this horses fees:



Summertime Slide  
California Ranch Company (Formerly Casners)  
34520 De Portola Rd, Temecula, CA

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 \$45.00 Per Horse  
 CA Drug \$ 8.00 Per Horse  
 Media Fee \$ 10.00 Per Horse  
 Post Entry \$ 25.00 If received after 8/10/20  
 NRHA Drug Fee \$7.00 Per horse  
 AQHA Processing \_\_\_\_\_ If entered in AQHA (per horse)  
 Grounds Fee \$ 25.00 Per day if not renting stall  
 \_\_\_\_\_  
 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	
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 (2020) Membership Card(s)
- Copy of Horse's Competition License and/or AQHA

**Shawn Martin**  
**Summertime Slide**  
 28618 N 53<sup>rd</sup> St. Cave Creek, AZ 85331  
 or fax to: 480-718-8583

Email to: [emailmyentries@gmail.com](mailto:emailmyentries@gmail.com)

If emailing put **Summertime Slide Entries** in Subject line

Questions? Call CRHA (951)600-8999 [crhareining@gmail.com](mailto:crhareining@gmail.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 Summertime Slide liability Release. Signature: \_\_\_\_\_