

Name of person who will be paying this horses fees:



Hollywood Charity Show
Los Angeles Equestrian Center
480 W 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, NRHA #, Exp. Date, AQHA #, PCHA #, and Class Numbers.

- Office \$50.00 Per Horse
CA Drug \$ 8.00 Per Horse
Media Fee \$ 50.00 Per Horse
Post Entry \$ 35.00 If received after 10/13/20
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, 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 Membership Card(s)

● Copy of Horse's Competition License

Shawn Martin

Hollywood Charity Show

28618 N 53rd St. Cave Creek, AZ 85331

Email to: crhareining@gmail.com

If emailing put CHALLENGE Entries in Subject line

Questions? Call CRHA (623)217-3879 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 Hollywood Charity liability Release. Signature: