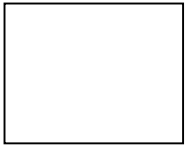




Name of person who will be paying this horses fees:

Wine and Whoazes
 Paso Robles Event Center
 2198 Riverside Ave Paso Robles, CA 93446



HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License # _____ Sex: M G S Foal Yr: _____
 Trainer: _____ Will this horse have a stall: _____

OWNER INFORMATION as it appears on Competition License **SSN or TIN Must Be On File To Receive Payout Checks

	Name	NRHA #	Exp. Date	CRHA Member	Email Address	Phone #
Owner				YES NO		
Co-Owner				YES NO		

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 (65 and older) divisions only

ADMINISTRATIVE FEES

RIDER #1	RIDER #2												
Name: _____ DOB: _____	Name: _____ DOB: _____												
NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> Pro <input type="checkbox"/> NP <input type="checkbox"/> Youth	NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> Pro <input type="checkbox"/> NP <input type="checkbox"/> Youth												
CRHA Member: Yes No	CRHA Member: Yes No												
Relationship To Owner: _____	Relationship To Owner: _____												
Class Numbers	Class Numbers												
<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						
RIDER #3	Include the following items w/ your entry form & Mail or email to: <ul style="list-style-type: none"> ● Copy of Owner & Exhibitor's current Membership Card(s) ● Copy of Horse's Competition License and/or AQHA <p style="text-align: center;">Shawn Martin Wine and Whoazes Reining 28618 N 53rd St, Cave Creek, AZ 85331 Email to: crhareining@gmail.com</p> <p style="text-align: center;">If emailing put Paso Entries! in Subject line</p> <p style="text-align: center;">Questions? Call (623)217-3879</p>												
Name: _____ DOB: _____													
NRHA #: _____ Exp. Date: _____ <input type="checkbox"/> NP <input type="checkbox"/> Youth													
CRHA Member: Yes No													
Relationship To Owner: _____													
Class Numbers													
<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>													

- Office \$35.00 Per Horse
- CA Drug \$ 14.00 Per Horse
- Media Fee \$ 35.00 Per Horse
- Post Entry \$ 25.00 If received after 1/1/23
- NRHA Drug Fee \$ 10.00 Per horse
- Grounds Fee \$ 25.00 Per day if not renting stall
- CRHA Non Member \$ 20.00 If Applicable

PLEASE SEND ANY EARNINGS TO:

Name/Entity: _____
 Address: _____
 City/ State/ Zip: _____
 SSN or Tax ID _____

PLEASE USE THE FOLLOWING CREDIT CARD TO PAY FEES:

Name on card: _____
 CC Number: _____
 Exp. Date: ____/____ Security Code: _____
 Billing Zip Code: _____
Please note there is a 3.5% convenience fee for credit cards

I have read, understand and agree to the terms of the Wine And Whoazes Reining liability Release. Signature: _____