

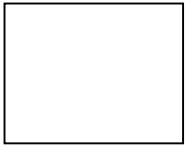


Name of person who will be paying this horses fees: _____

Hollywood Charity Show

L.A. Equestrian Center

480 Riverside Dr, Burbank, CA 91506



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
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 <p style="text-align: center;">Shawn Martin Hollywood Charity Show 28618 N 53rd St, Cave Creek, AZ 85331 Email to: crhareining@gmail.com</p> <p>If emailing put Hollywood Charity in Subject line 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	

Office \$35.00 Per Horse
 CA Drug \$ 14.00 Per Horse
 Media Fee \$ 35.00 Per Horse
 Post Entry \$ 25.00 If received after 5/17/23
 NRHA Drug Fee \$ 10.00 Per horse
 Grounds Fee \$ 25.00 Per day if not renting stall
 CRHA Non Member \$ 20.00 If Applicable
 RHF Donation \$10.00 to opt out

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 Hollywood Charity Reining liability Release. Signature: _____