

Name of person who will be paying this horses fees:



The Challenge
Los Angeles Equestrian Center
480 W Riverside Dr, Burbank, CA 91506

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ Sex: M G S Foal Yr: _____
 Trainer: _____ Sire/Dam: _____

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	Phone Number	Email Address
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 (60 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	
PCHA #:		Exp Date:		CRHA Member: Yes No		PCHA #:		Exp Date:		CRHA Member: Yes No	
Class Numbers						Class Numbers					

- Office \$50.00 Per Horse
- CA Drug \$ 14.00 Per Horse
- Media Fee \$ 60.00 Per Horse
- Post Entry \$ 50.00 If received after 10/15/22
- NRHA Drug Fee \$10.00 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	
PCHA #:		Exp. Date:			
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
The Challenge
 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 The Challenge liability Release. Signature: _____