CRHA HOLLYWOOD CHARITY REINING

BACK #

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

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ Sex: M G S Foal Yr: _____

Sire: _____ Dam: _____ Trainer:: _____

OWNER INFORMATION as it appears on Competition License

	Name	NRHA #	Exp Date	Phone #	E-Mail Address REQUIRED!	
Owner						
Co-Owner						

Address: _____ City, State, Zip: _____ **SSN or TIN Must Be On File To Receive Payout Checks**

EMERGENCY CONTACT   Name: _____   Phone Number: _____   Relationship: _____

EXHIBITOR INFORMATION   **Date of Birth (DOB) required for youth, primetime exhibitors, and MASTERS (60 and older) divisions only

RIDER #1

Name: _____ DOB: _____

NRHA #: _____ Exp. Date: _____ △Pro △ NP △ Youth

Relationship to Owner: _____

Class Numbers					

RIDER #2

Name: _____ DOB: _____

NRHA #: _____ Exp. Date: _____ △Pro △ NP △ Youth

Relationship to Owner: _____

Class Numbers					

Photo Fee:: $35.00   per horse

Admin Fee: $ 45..00   per horse

NRHA Drug Fee $10.00   Per horse

Post Entry Fee: $ 25.00   If received after 5/18

CA Drug Fee: $14.00   Per horse

RHF Donation $10.00   □ Opt out

PLEASE MAIL COMPLETED ENTRY FORM TO:
Shawn Martin
28618 N 53rd St
Cave Creek, AZ 85331
Or email to: crhareining@gmail.com

RIDER #3

Name: _____ DOB: _____

NRHA #: _____ Exp. Date: _____ △Pro △ NP △ Youth

Class Numbers					

Please complete the following section if you want to pay by cc:

Name on Card:

Card #:

Exp Date: **Security Code:**

Billing Zip Code:

Signature:

Date:

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

By signing here I agree to the terms and conditions of this event and have carefully read and fully understand the release of liability and waiver of legal rights: Signature/Date: