|  |  |
| --- | --- |
| **HORSE INFORMATION** as it appears on Competition License  | A logo with a person on it  Description automatically generated |
| Registered Name: | Sire/Dam: |  |  |  |  |
| NRHA License #: | Foal Year: |  Sex: M G S | 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: |
|  And older) **EXHIBITOR INFORMATION** \*\*Date of Birth (DOB) required for YOUTH, PRIMETIME (50 and older), MASTERS (60 and older) and LEGENDS (70 and older) divisions only  |
| **RIDER #1**  | **RIDER #2**  | Media Fee:: | $60.00 | per horse |
| Name: | DOB: | Name: | DOB: | Admin Fee: | $ 85.00 | per horse |
| NRHA #: |  Exp. Date: | 🛆Pro 🛆 NP 🛆 Youth | NRHA #: |  Exp. Date: |  🛆Pro 🛆 NP 🛆 Youth | CA Drug Fee: | $ 14.00 | per horse |
| Relationship to Owner:  | Relationship to Owner:  | Post Entry Fee: | $ 85.00 |
|  | Class Numbers  |  |  | Class Numbers  |  | Stall: | Must order online  |
|  |  |  |  |  |  |  |  |  |  |  |  | NRHA Drug Fee | $35.00 | per horse |
|  |  |  |  |  |  |  |  |  |  |  |  | Close Out Fee | $15.00 | If you don’t close out your tab |
|  |  |  |  |  |  |  |  |  |  |  |  | RHF Donation | $10.00 | 🞎 Opt out |
|  |  |  |  |  |  |  |  |  |  |  |  | **TOTAL AMT. DUE** |  | Ck # |
|  |  |  |  |  |  |  |  |  |  |  |  | If you would like to take advantage of this service, please complete a credit card authorization form. Please note that you will be charged an additional 3.5% fee. |
|  |  |  |  |  |  |
| **RIDER #3** |  |
| Name: | DOB: | Please complete the following section if you want to pay by cc: | **Please email completed form to emailmyentries@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 |
| NRHA #: |  Exp. Date: | 🛆Pro 🛆 NP 🛆 Youth | **Name on Card:** |
| Class Numbers | **Card #:** |  |  |
|  |  |  |  |  |  | **Exp Date:** | **Security Code:** |  |
|  |  |  |  |  |  | **Billing Zip Code:** |  |  |
|  |  |  |  |  |  | Signature: |  |  |
|  |  |  |  |  |  | Date: |  |  |
| 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:  |

Name of person who will be paying this horses fees**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_