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| **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**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_