NAME OF PERSON WHO WILL BE PAYING THIS HORSES FEES:_____

HORSE INFORMATION as it appears on Competition License

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

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

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:

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:

Media Fee::	$60.00	per horse
Admin Fee:	$ 85.00	per horse
CA Drug Fee:	$ 14.00	per horse
Post Entry Fee:	$ 85.00	
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.

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

Please email completed form to emailmyentries@gmail.com