

Name of person who will be paying this horses fees:





BACK #

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						RIDER #2					
Name:			DOB:			Name:			DOB:		
NRHA #:		Exp. Date:		△Pro △ NP △ Youth		NRHA #:		Exp. Date:		△Pro △ NP △ Youth	
Relationship to Owner:						Relationship to Owner:					
Class Numbers						Class Numbers					

Media Fee: \$50.00 per horse
 Admin Fee: \$ 85.00 per horse
 Post Entry Fee: \$ 85.00
 Stall: _____
 NRHA Drug Fee \$35.00 per horse
 Close Out Fee \$20.00 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 4% fee.

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: _____