

Name of person who will be paying this horses fees:





HIGH ROLLER REINING CLASSIC

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ Sex: M G S Foal Yr: _____
 Sire: _____ Dam: _____ APHA Reg # if entering Chrome Cash _____ 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					

Photo Fee: \$25.00 per horse
 Admin Fee: \$ 85.00 per horse
 Video Fee: \$ 25.00 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: _____

You can email your completed entry form to:
BMGentries@gmail.com
 Or mail to: **28618 N 53rd St, Cave Creek, AZ 85331**