

Name of person who will be paying this horses fees:



WOODSIDE SLIDE

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 | | | | | |
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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

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 | | | | | |
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| 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: _____

PLEASE EMAIL TO bmgentries@gmail.com