

NAME OF PERSON RESPONSIBLE FOR THIS HORSE'S FEES:											
Please send earnings (if applicable) to: Owner <input type="checkbox"/> Trainer <input type="checkbox"/> SS#											
HORSE INFORMATION - as it appears on NRHA COMPETITION LICENSE - complete one entry per horse											
REGISTRATION NAME:						NRHA COM LIC #					
SEX: M G S			FOAL YEAR			TRAINER:					
OWNER INFORMATION - as it appears on NRHA COMPETITION LICENSE - SS# or Tax ID must be on file to receive payout checks											
NAME:				NRHA #				EXP DATE			
PHONE NUMBER:						SS#/TAX ID:					
ADDRESS:						CITY/STATE/ZIP:					
EMERGENCY CONTACT:				PHONE #:				RELATIONSHIP:			
EXHIBITOR INFORMATION (date of birth required for PRIME TIME and YOUTH CLASSES)											
#1 NAME				DOB		#2 NAME				DOB	
NRHA #				Expires		NRHA #				Expires	
CARD TYPE PRO <input type="checkbox"/> NON PRO <input type="checkbox"/> YOUTH <input type="checkbox"/>						CARD TYPE PRO <input type="checkbox"/> NON PRO <input type="checkbox"/> YOUTH <input type="checkbox"/> ASSOCIATE(GREEN RIDERS ONLY) <input type="checkbox"/>					
Relationship to Owner:						Relationship to owner:					
CLASS NUMBERS						CLASS NUMBERS					
_____ I HAVE READ AND UNDERSTAND THE SHOW RULES & LIABILITY INFO Print Name _____ Signature _____ Date _____						ADDITIONAL FEES					
include a copy of OWNER'S & EXHIBITOR'S Current NRHA CARDS _____ and copy of HORSE'S NRHA COMPETITION LICENSE (for NRHA CLASSES) _____						STALLS AND BEDDING		please use request form			
						MEDIA FEE:		\$80.00			
						NRHA MEDS FEE:		\$35.00			
						HAUL IN FEE \$50/day		\$			
SEE TERMS AND CONDITIONS FOR WHEN ENTRIES AND STALLS MUST BE RECEIVED ENTER ONLINE OR EMAIL TO STACY.SADDLEUP@GMAIL.COM						OFFICE FEE:		\$50.00			
						OFFICE FEE IS WAIVED FOR NRHA YOUTH CLASSES					
						LATE FEE:		see terms & conditions			