SERHA Main Event
Senator Bob Martin Ag Center
Williamston, NC

BACK # _____

NAME OF PERSON RESPONSIBLE FOR THIS HORSE'S FEES:					
Please send earnings (if applicable) to: Owner ☐ Trainer ☐ 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 ☐ NON PRO ☐ YOUTH ☐		CARD TYPE PRO ☐ NON PRO ☐ YOUTH ☐ ASSOCIATE(GREEN RIDERS ONLY) ☐			
Relationship to Owner:		Relationship to owner:			

CLASS NUMBERS						CLASS NUMBERS						

_____ I HAVE READ AND UNDERSTAND THE SHOW RULES & LIABILITY INFO

Print Name _____

Signature Date

include a copy of OWNER'S & EXHIBITOR'S Current NRHA CARDS ☐

and copy of HORSE'S NRHA COMPETITION LICENSE (for NRHA CLASSES) ☐

SEE TERMS AND CONDITIONS FOR WHEN ENTRIES AND STALLS MUST BE RECEIVED

ENTER ONLINE OR EMAIL TO KATHY.SADDLEUP@GMAIL.COM

ADDITIONAL FEES	
STALLS AND BEDDING	**please use request form**
MEDIA FEE:	**$80.00**
NRHA MEDS FEE:	**$35.00**
HAUL IN FEE $50/day	**$**
OFFICE FEE:	**$50.00**
OFFICE FEE IS WAIVED FOR NRHA YOUTH CLASSES	
LATE FEE:	**see terms & conditions**