SERHA Fall Spooktacular

NAME OF PERSON RESPONSIBLE FOR THIS HORSE'S FEES:

Please send earnings (if applicable) to Owner _____ Trainer _____ If not owner then SS# of trainer

NAME OF GROUP FOR STALLS:

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, MASTERS and YOUTH CLASSES)

#1 NAME DOB	#2 NAME DOB
NRHA # Expires	NRHA # Expires
CARD TYPE: Pro ☐ Non Pro ☐ Associate(green riders only) ☐	CARD TYPE: Pro ☐ Non Pro ☐ Associate(green riders only) ☐
Relationship to Owner:	Relationship to owner:

CLASS NUMBERS						CLASS NUMBERS					

By signing below, 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:

Print Name

Signature Date

Please complete the following section if you want to pay by cc: (+5%)

Name on Card:

Card #:

Exp Date: **CVV Code:**

Billing Zip Code:

Signature:

Date:

Hold For Check: **yes** ☐ **no** ☐

Save for future use: **yes** ☐ **no** ☐

notes for show if needed:

OFFICE FEE:	**$30.00**
NRHA MEDS FEE:	**$10.00**
VIDEO FEE:	**$45.00**
LATE FEE:	**See Terms and Conditions**
STABLING/HAUL IN	**See Terms and Conditions**

EMAIL COMPLETED FORM TO : KATHY.SADDLEUP@GMAIL.COM