

Name of person who will be paying this horses fees:



WILD CARD REINING CHALLENGE

Southpoint Hotel & Casino Las Vegas, NV

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ NRHA License #: _____ Breed Reg. #: _____ 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
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: \$ Deadline is 4/23/17 see terms & conditions for Details
 Stall: **Please use stall reservation form**
 Haul In Fee: \$ _____ \$25 a day if not renting stall
 Close Out Fee \$15.00 If you don't close out your tab
 NRHA Drug Fee \$7.00 per horse

Protect the Harvest **Donation**
TOTAL AMT. DUE Ck #
 We now accept credit cards as payment. 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 5% fee.

RIDER #3					
Name:			DOB:		
NRHA #:		Exp. Date:		△Pro △ NP △ Youth	
Class Numbers					

Include the following items with your entry form & Mail to:

- Copy of Owner & Exhibitor's current (2017) Membership Card(s)
- Copy of Horse's Competition License /Registration Papers

Questions? Email cactusreiningclassic@gmail.com

Wild Card Reining Challenge
 c/o Brumley Management Group
 28150 N Alma School Pkwy #103-619
 Scottsdale, AZ 85262
 Or fax to: 623-670-5905

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: _____