



CREDIT CARD DIRECTIONS: Please fill out this form **COMPLETELY**.

The completed form should be mailed, emailed or faxed to the Brumley Management Group along with your complete entry information.

Wild Card Reining Challenge/HRRC, Inc. is hereby authorized to charge the credit card listed below for all items related to the entry of said horse(s). One form per horse/entry. **In order to avoid late fees, this form must be received by Brumley Management Group by the required pre-entry deadline for the event. NOTE: A declined or cancelled credit card will be treated as an insufficient check, all declined credit card payments are subject to all applicable late fees.**

CONTACT INFORMATION (Owner or Agent of the entry)

Name _____ NRHA ID # _____

Mailing Address _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

CREDIT CARD AUTHORIZATION, RELEASE and WAIVER OF LIABILITY

I, _____, (horse owner) have read and understand the terms and conditions of the entry into the Wild Card Reining Challenge/HRRC, Inc. and agree to abide by the event's terms and conditions and the Events Rules and Regulations and its governing body the National Reining Horse Association. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Event and Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize Wild Card Reining Challenge/HRRC, Inc. to process credit or debit card payments in accordance with the entries related to the event. **I understand that there will be a 5% convenience fee, per payment.** I understand that Brumley Management Group and Wild Card Reining Challenge/HRRC, Inc. offer this service as a convenience to exhibitors. I understand by completing, signing and returning this form to Brumley Management Group that I am authorizing Wild Card Reining Challenge/HRRC, Inc. to process my event entry expenses to the credit card listed below.

PAYMENT INFORMATION: Visa Master Card Amex

Credit Card Number: _____ Exp. Date: _____ 3 or 4 digit CSV #: _____ Billing Zip Code: _____

Name on credit card: _____ Signature: _____

OFFICE USE ONLY

DATE RECEIVED: _____	PROCESSED: Y / N	BY: _____
ENTRY FEES:	AMOUNT	\$ _____
JUDGES FEES:	AMOUNT	\$ _____
LATE FEE:	AMOUNT	\$ _____
PHOTO/VIDEO FEE:	AMOUNT	\$ _____
STALLS	AMOUNT	\$ _____
OTHER CHARGES: _____	AMOUNT	\$ _____
5% CREDIT CARD CONVENIENCE FEE:	AMOUNT	\$ _____
	TOTAL	\$ _____