

Name of person who will be paying this horses fees:



\_\_\_\_\_

*Cactus Reining Classic*

Westworld of Scottsdale Scottsdale, AZ

BACK #
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**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	REQUIRED!
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 2/20/19 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

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 (2019) Membership Card(s)
- Copy of Horse's Competition License /Registration Papers

Questions? Email [brumleyevents@gmail.com](mailto:brumleyevents@gmail.com)

**Cactus Reining Classic**  
**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: \_\_\_\_\_