

Name of person who will be paying this horses fees:



Cactus Reining Classic
Westworld of Scottsdale Scottsdale, AZ

BACK #

HORSE INFORMATION as it appears on Competition License

Registered Name: _____ Dam: _____ NRHA License #: _____ Sex: M G S Foal Yr: _____
 Sire: _____ 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: _____

EMERGENCY CONTACT Name: _____ Phone Number: _____ Relationship: _____

EXHIBITOR INFORMATION *Data of Born (DOB) required for youth, premiere exhibitors, and MASTERS (30 and older) divisions only

RIDER #1				RIDER #2			
Name:	DOB:	NRHA #:	Exp. Date:	Name:	DOB:	NRHA #:	Exp. Date:
		Δ Pro Δ NP Δ Youth				Δ Pro Δ NP Δ Youth	
Relationship to Owner:				Relationship to Owner:			
Class Numbers				Class Numbers			

RIDER #3

Name: _____ DOB: _____
 NRHA #: _____ Exp Date: _____ Δ Pro Δ NP Δ Youth

Class Numbers

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

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

Questions? Email burnleyevents@gmail.com
Cactus Reining Classic
 c/o Burnley Management Group
 28150 N Alma School Pkwy #103-619
 Scottsdale, AZ 85262
 Or fax to: 623-670-5905

**SSN or TIN Must Be On File To Receive Payout Checks

Photo Fee: \$25.00 per horse
 Admin Fee: \$85.00 per horse
 Video Fee: \$25.00 per horse
 Post Entry Fee: \$ _____ *Deadline is 2:23:22 see terms & conditions for Details
 Stall: Reserve stalls at ehorsheshows.com
 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.

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: _____