

# West Coast Reining Horse Association 2018

Year End Show August 23-26, 2018 (Schooling August 22) Entry Deadline: Must be Postmarked by August 14, 2018

Horse's Name \_\_\_\_\_ NRHA Comp Lic # \_\_\_\_\_

Year Foaled \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_  
(required for payment of winnings)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Owner: NRHA # \_\_\_\_\_ exp: \_\_\_\_\_ WCRHA # \_\_\_\_\_ exp: \_\_\_\_\_

\*\*\*\*CHECK THE CURRENT ELIGIBILITY OF BOTH HORSE AND RIDER BEFORE ENTERING ANY CLASS\*\*\*\*

**EXHIBITOR #1** Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Open  Non Pro  Youth Rider DOB \_\_\_\_\_ NRHA # \_\_\_\_\_ Exp. \_\_\_\_\_ WCRHA # \_\_\_\_\_ exp: \_\_\_\_\_

Enter  
Class  
#


**EXHIBITOR #2** Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Open  Non Pro  Youth Rider DOB \_\_\_\_\_ NRHA # \_\_\_\_\_ Exp. \_\_\_\_\_ WCRHA # \_\_\_\_\_ exp: \_\_\_\_\_

Enter  
Class  
#


## FEES AND CHARGES:

**Total Class +Judges Fees** \$ \_\_\_\_\_  
 Stalls # \_\_\_\_\_ @ \$175 ea \$ \_\_\_\_\_  
 Tack # \_\_\_\_\_ @ \$175 ea \$ \_\_\_\_\_  
 Drug Fee \$12/ horse \$ \_\_\_\_\_ 12 \_\_\_\_\_  
 Haul In \$25 per day / horse \$ \_\_\_\_\_  
 Office Fee \$40/horse \$ \_\_\_\_\_ 40 \_\_\_\_\_  
 Late Entry Fee \$45/horse \$ \_\_\_\_\_  
 Photo/Video Fee \$8/per run \$ \_\_\_\_\_  
 Nomination Fee \$25/horse \$ \_\_\_\_\_  
 Sponsorship \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_  
 OPEN  PAID  CHECK # \_\_\_\_\_  
 CREDIT CARD  (provide at show office)

I hereby enter the above horse at my own risk and subject to all rules and regulations of WCRHA. I am aware of the inherent risks associated with equine activities and I assume all risks associated with the event and hereby release and hold harmless Murieta Equestrian Center, Cosumnes Corp., NRHA, WCRHA, and all respective directors, officers, agents, successors and assigns, sponsors and suppliers, from and against any and all claims, limitation of injuries or damage to my property which I may incur as a result of my participation or attendance at this event. I agree to abide by the terms and conditions of this Release & Waiver of Liability. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to current NRHA and WCRHA guidelines.

### SIGNATURE

(must be signed by all entrants. Parent or Guardian to sign for Youth riders)

**DATED** \_\_\_\_\_ / \_\_\_\_\_ / 2018

Make checks payable to: **WCRHA**

Mail to: Anna-Lise Kozlowski/ WCRHA Show  
 25352 Cherokee Ln.  
 Galt, CA 95632  
 Phone: (209) 334-3540

OFFICE ONLY  
 POSTMARK DATE: \_\_\_\_\_

>>> PLEASE STABLE ME WITH  OR NEXT TO