

West Coast Reining Horse Association 2021

Year End Show August 26-29, 2021 (Schooling August 25) Entry Deadline: Must be Postmarked by August 16, 2021

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 _____ () Check if address or email is new

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 \$15/ horse \$ _____ 15 _____

Haul In \$30 per day / horse \$ _____

Office Fee \$40/horse \$ _____ 40 _____

Late Entry Fee \$45/horse \$ _____

Photo/Video Fee \$9/per run \$ _____

Nomination Fee \$25/horse \$ _____

MEC Covid Gate Fee \$10 \$ _____

TOTAL DUE \$ _____

OPEN PAID CHECK # _____

CREDIT CARD (provide at show office)

5% credit card convenience fee added

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 _____ / _____ / 2021

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



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect for the 2021 show season.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV: _____
Expiration Date (mm/yy):	_____ Cardholder ZIP Code: _____

I, _____, authorize the West Coast Reining Horse Association to charge my credit card above for agreed upon purchases. I understand that my information will be saved digitally for future transactions on my account. This paper copy will be destroyed upon receipt of payment.

Customer Signature

Date