

West Coast Reining Horse Association 2022

Affiliate #1 January 21-23, 2022 (Schooling Jan 18, 19, 20) Entry Deadline: Must be Postmarked by January 10, 2022

Horse's Name _____ NRHA Comp Lic # _____

Year Foaled _____ Age _____ Sex _____ Name of Rider to School Horse _____

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 # _____ @ \$180 ea \$ _____
 Tack # _____ @ \$180 ea \$ _____
 Drug Fee \$21/ horse \$ _____
 Haul In \$30 per day / horse \$ _____
 Office Fee \$40/horse \$ _____
 Late Entry Fee \$45/horse \$ _____
 Photo/Video Fee \$9/per run \$ _____
 Nomination Fee \$25/horse \$ _____

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 Murietta 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 _____ / _____ / 2022

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 2022 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