



WEST COAST REINING HORSE ASSOCIATION

"REIN IN THE NEW YEAR"

Affiliate #1 Show ~ January 19-21, 2024 (Schooling Jan 16-18) ~ Entry Deadline: Must be Postmarked by Jan 5, 2024

Horse's Name _____ NRHA Comp Lic # _____

Year Foaled _____ Age _____ Sex _____

Owner's Name _____ Phone # (____) _____ SS# _____

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 # _____ @ \$250 ea \$ _____
 Tack # _____ @ \$250 ea \$ _____
 Drug Fee \$24/ horse \$ _____24_____
 Haul In \$30 per day / horse \$ _____
 Office Fee \$40/horse \$ _____40_____
 Late Entry Fee \$45/horse \$ _____
 Photo/Video Fee \$11/per run \$ _____

TOTAL DUE \$ _____

OPEN PAID CHECK # _____

Checks payable to: **WCRHA**

CREDIT CARD

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 _____/_____/2024

PLEASE STABLE ME WITH OR NEXT TO

Mail to: Anna-Lise Kozlowski/
 WCRHA Show 25352
 Cherokee Ln. Galt,
 CA 95632
 Phone: (209) 712-3836
 Email to: wcrha.entry@yahoo.com
 POSTMARK DATE: _____