



West Coast Reining Horse Association

"Spin To Win"

Affiliate #2 Show ~ May 17-19, 2024 (Schooling May 16) ~ Entry Deadline: Must be Postmarked by May 3, 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 \$ _____
- RHF Donation \$10 \$ _____ 10 _____
- 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 harm- less Rolling Hills Equestrian Center, 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: _____



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 2024 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

Phone number:

Horse's name: