

CUTTING, REINED COW HORSE, SNAFFLE BIT ENTRY FORM



HORSE SHOW ENTRY FORM

P.O. Box 8 Paso Robles, CA 93447 (805)238-5098

THIS FORM MAY BE PHOTOCOPIED

REG PAPERS CHECKED BY: _____

DATE: _____

ONE OWNER PER FORM

OWNER NAME: _____ SS #: _____ Payee: Owner Rider (circle one)

ADDRESS: _____ NCHA/NRCHA #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____ CELL PHONE: _____ FAX: _____

RIDER NAME: _____ SS #: _____ BIRTHDATE: _____

ADDRESS: _____ NCHA/NRCHA #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____ CELL PHONE: _____

- **A COPY OF THE HORSE'S REGISTRATION PAPERS MUST ACCOMPANY THE ENTRY FEE FOR CUTTING & REINING – NOT SNAFFLE ***

ENTRY NAME: _____ BREED: _____ NO: _____

DATE FOALED: _____ SEX: _____ SIRE: _____ NO: _____

SCARS/BRANDS: _____ DAM: _____ NO: _____

| CLASS # | | ENTRY FEE |
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* Cutting Only CONSULT HORSE SHOW ENTRY BOOK FOR CLASS NUMBERS, ENTRY FEES, STALL RENTAL RATES, AND ENTRY CLOSING DATES.

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| * CUTTING NCHA Videos+Awards-\$8 per horse per run | |
| *Cutting PCCHA FEE-\$7 per horse per run | |
| ALL ENTRY FEES | |
| DRUG FEES-\$5 per horse per day | |
| STALL FEES-\$45 per day | |
| REINNING NRCHA FEE-\$8 per run | |
| SNAFFLE BIT DRUG FEE-\$5 per horse per day | |
| LATE FEES-\$10 Cutting & Snaffle \$25 Reined Cow Horse | |
| TOTAL FEES | |

| ARRIVE-DATE & TIME | DEPART-DATE & TIME |
|--|--------------------|
| STABLE MY HORSES WITH | |
| <p>By signing and submitting an entry form, the exhibitors and their agents, parents and leaders acknowledge and agree that they do understand and have read the State Rules and Local Fair Rules; agree to abide by them; certify that all information on the entry form is true and accurate; and agree to comply with the fair's decision regarding any alleged violation of the state or local rules. In the event that it is determined there has been unethical treatment of animals or violation of state or federal regulations or of state or local fair drug policy rules, exhibitor names will be forwarded to the Division of Fairs & Expositions as well as given to the California Network of Fairs and to appropriate government agencies. I hereby release the California Mid-State Fair, and the State of California from all liability of every kind and character on account of loss, damages, or injury to property, which I may have on the fairgrounds. I understand that information contained in this form may be released to the media. If this form is not completely and correctly filled out and signed, the exhibitor may be eliminated from the show. The California Mid-State Fair recommends protective headgear for children.</p> | |
| SIGNATURE OF OWNER OR AGENT X | |

RECEIPT# _____