CUTTING, REINED COW HORSE ENTRY FORM

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

ONE CONTESTANT PER FORM THIS FORM MAY BE PHOTOCOPIED*

REG PAPERS CHECKED BY:



			DAIL.				
DWNER NAME:			NCHA/NRCHA #:	SS #:	Payee(circle one	e): Owner Rider	
DDRESS:			CITY:		STATE: ZIP:	,	
ELL PHONE:	EM	IAIL:		F			
RIDER NAME:			NCHA/NRCHA #:	SS #:	BIRTHDATE:		
DDRESS:			CITY:		STATE:ZIP:		
ELL PHONE:	EM	IAIL:					
	A COPY OF THE HORSE	'S REGISTRATIO	ON PAPERS MUST ACCOMPAN	Y THE ENTRY FEE FOR	CUTTING & REINING		
ENTRY NAME:			BREED:				
DATE FOALED:SEX:SCARS/BRANDS:		SIRE:	NC)·			
SCAPS/BRANDS:	SEA		SINE.		NO:		
SCANS/BINANDS		T		_DAIVI	110:		
	CLASS#	CLASS NA	AME/EVENT	ENTRY FEE			
C	ONSULT HORSE SHOW ENTRY	BOOK FOR CLAS	SS NUMBERS, ENTRY FEES, S	TALL RENTAL RATES, A	ND ENTRY CLOSING DATES.		
* Cutting Only							
NCHA World Finals Fee \$2 per horse per run			ARRIVE-DATE & T	IMF	DEPART-DATE & TIME:		
*Cutting NCHA Videos + Awards-\$8 per horse per run							
*Cutting PCCHA Fee \$7 per horse per run			STABLE MY HORS	STABLE MY HORSES WITH:CONTACT #			
*Cutting CCCHA FEE \$5 per horse per run				By signing and submitting the entry form the exhibitors and their agents, parents and leaders acknowledge and agree that they 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. The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the State of California from and against any liability, claim, loss or expense (including reasonable attorney's fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property. 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.			
ALL ENTRY FEES							
DRUG FEES-\$5 per horse per day							
STALL FEES-\$40 per day. No Shavings provided			which is caused by, arises				
REINNING NRCHA FEE-\$8 per run			may occur to any of the ex				
LATE FEES-\$10 Cutting, \$25 Reined Cow Horse			exhibitor or to the exhibito				
TOTAL FEES			this form is not completely Mid-State Fair recommend				
		l	SIGNATURE OF OV	WNER OR AGENT			
				THE CONTROL OF	.		
RECEIPT#			X		Date:		