

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: _____
DATE: _____

OWNER NAME: _____ NRCHA #: _____ SS #: _____ Payee(circle one): Owner Rider
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 CELL PHONE: _____ EMAIL: _____ FAX: _____
 RIDER NAME: _____ NRCHA #: _____ SS #: _____ BIRTHDATE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 CELL PHONE: _____ EMAIL: _____

A COPY OF THE HORSE'S REGISTRATION PAPERS MUST ACCOMPANY THE ENTRY FEE FOR REINING

ENTRY NAME: _____ BREED: _____ NO: _____
 DATE FOALED: _____ SEX: _____ SIRE: _____ NO: _____
 SCARS/BRANDS: _____ DAM: _____ NO: _____

CLASS #	CLASS NAME/EVENT	ENTRY FEE

CONSULT HORSE SHOW ENTRY BOOK FOR CLASS NUMBERS, ENTRY FEES, STALL RENTAL RATES, AND ENTRY CLOSING DATES.

ALL ENTRY FEES	
DRUG FEES-\$14 per horse per day	
STALL FEES-\$50 per day. No Shavings provided	
REINNING NRCHA FEE-\$10 per horse	
JUDGES FEE - \$5 per horse, per run	
LATE FEES - \$25 Reined Cow Horse	

TOTAL FEES _____

RECEIPT# _____

ARRIVE-DATE & TIME _____ DEPART-DATE & TIME: _____
STABLE MY HORSES WITH: _____ CONTACT # _____
<p style="font-size: small;">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.</p>
SIGNATURE OF OWNER OR AGENT _____
X _____ Date: _____