



**AZRHA SILVER SPURS
MOTHER'S DAY SLIDE
WESTWORLD OF SCOTTSDALE
MAY 16-21, 2017**

BACK #

NAME OF PERSON RESPONSIBLE FOR THIS HORSE'S FEES: _____
Please send earnings (if applicable) to: Owner ___ Trainer _____ SS# _____

OF STALLS: _____ NAME OF GROUP FOR STALLS: _____

HORSE INFORMATION - as it appears on NRHA COMPETITION LICENSE- complete one entry form per horse

REGISTRATION NAME: _____ NRHA COMP. LIC # _____

SEX: M G S FOAL YEAR _____ TRAINER: _____

OWNER INFORMATION - as it appears on NRHA COMPETITION LICENSE - SS# or Tax ID must be on file to receive payout checks

NAME: _____ NRHA # _____ EXP DATE _____

PHONE NUMBER: _____ SS#/TAX ID: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMERGENCY CONTACT: _____ PHONE #: _____ RELATIONSHIP: _____

EXHIBITOR INFORMATION (date of birth required for PRIME TIME and YOUTH CLASSES)

#1 NAME _____ DOB _____

NRHA # _____ Expires _____

Relationship to Owner: _____

OPEN _____ NON PRO _____ YOUTH _____

#2 NAME _____ DOB _____

NRHA # _____ Expires _____

Relationship to Ower _____

OPEN _____ NON PRO _____ YOUTH _____

CLASS NUMBERS

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_____ I HAVE READ AND UNDERSTAND THE SHOW RULES & LIABILITY INFO

Signature _____ Date _____

include a copy of OWNER'S & EXHIBITOR'S Current NRHA CARDS _____
and copy of HORSE'S NRHA COMPETITION LICENSE (for NRHA CLASSES) _____

CLASS FEES: _____

STALL OR \$50.00 HAUL IN _____

PLEASE SEE STALL RSVP FORM FOR INFO

VIDEO/PHOTO: \$25.00

NRHA DRUG FEE: \$7.00

OFFICE FEE: \$50.00

LATE FEE: _____

\$50.00 IF NOT RECEIVED BY MAY 3, 2017

PAID WARM UPS: _____

TOTAL: _____

ENTRIES ARE DUE BY MAY 3, 2017

MAIL TO SADDLE UP ENTERPRISES - 33410 ROAD 800, RAYMOND, CA 93653

OR EMAIL TO AZRHA@SADDLEUP-ENTERPRISES.COM / FAX 559-689-3101

STALL FORMS, CHECKS OR CREDIT CARD INFO NEED TO BE SENT BY MAY 3, 2017

PLEASE BRING ENTRY CHECKS OR CREDIT CARD FORMS TO HORSE SHOW (PAYABLE TO AZRHA)