

Name of person who will be paying this horses fees:



# High Roller Reining Classic

Southpoint Hotel and Casino Las Vegas, NV

BACK #
--------

**HORSE INFORMATION** as it appears on Competition License

Registered Name:	NRHA License #:	Breed Reg. #:	Sex: M G S Foal Yr:
Sire:	Dam:	Trainer:	APHA #:

**OWNER INFORMATION** as it appears on Competition License

Name	NRHA #	Exp Date	Phone #	E-Mail Address	REQUIRED!
Owner					
Co-Owner					

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ \*\*SSN or TIN Must Be On File To Receive Payout Checks

**EMERGENCY CONTACT** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EXHIBITOR INFORMATION** \*\*Date of Birth (DOB) required for youth, primetime exhibitors, and MASTERS (60 and older) divisions only

RIDER #1						RIDER #2					
Name:			DOB:			Name:			DOB:		
NRHA #:		Exp. Date:		△Pro △ NP △ Youth		NRHA #:		Exp. Date:		△Pro △ NP △ Youth	
Relationship to Owner:						Relationship to Owner:					
Class Numbers						Class Numbers					

Photo Fee: \$25.00 per horse  
 Admin Fee: \$ 85.00 per horse  
 Video Fee: \$ 25.00 per horse  
 Post Entry Fee: \$ \_\_\_\_\_ Deadline is 8/1/19 see terms & conditions for Details  
 Stall: **Please use stall reservation form**

Close Out Fee \$15.00 If you don't close out your tab  
 NRHA Drug Fee \$7.00 per horse

**TOTAL AMT. DUE**  Ck #

We now accept credit cards as payment. If you would like to take advantage of this service please complete a credit card authorization form. Please note that you will be charged an additional 5% fee.

**RIDER #3**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NRHA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ △Pro △ NP △ Youth

Class Numbers


**Include the following items with your entry form & Mail to:**

- Copy of Owner & Exhibitor's current (2019) Membership Card(s)
- Copy of Horse's Competition License /Registration Papers

Questions? Email [brumleyevents@gmail.com](mailto:brumleyevents@gmail.com)

**High Roller Reining Classic**  
 c/o Brumley Management Group  
 28150 N Alma School Pkwy #103-619  
 Scottsdale, AZ 85262  
 Or email to: [brumleyevents@gmail.com](mailto:brumleyevents@gmail.com)

**Please send earnings to:**

Name or Business receiving payment: \_\_\_\_\_

SSN or EIN (Circle One): \_\_\_\_\_

Send to following Address: \_\_\_\_\_

SSN or EIN must belong to the entity listed on the first line

By signing here I agree to the terms and conditions of this event and have carefully read and fully understand the release of liability and waiver of legal rights: Signature/Date: \_\_\_\_\_