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 #: Sex: M G S Foal Yr:

Sire: Dam: Trainer:

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

Name: DOB:

NRHA #: Exp. Date: △Pro △ NP △ Youth

Relationship to Owner:

Class Numbers

RIDER #2

Name: DOB:

NRHA #: Exp. Date: △Pro △ NP △ Youth

Relationship to Owner:

Class Numbers

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 (2021) Membership Card(s)
- Copy of Horse's Competition License

Questions? Email 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

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:

Photo Fee:: $25.00 per horse

Admin Fee: $ 85.00 per horse

Video Fee: $ 25.00 per horse

Post Entry Fee: $ Deadline is 8/1/20 see terms & conditions for Details

Stall: **Go to ezhorseshows.com to order stalls**

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.

Please send earnings to:

Name or Business receiving payment: _____

SSN or EIN (Circle One):_____

Send to following Address: _____

_____