



CREDIT CARD DIRECTIONS: Please fill out this form **COMPLETELY**.

The completed form should be mailed or emailed to the Brumley Management Group along with your complete entry information.

High Roller Reining Classic, Inc. is hereby authorized to charge the credit card listed below for all items related to the entry of said horse(s). One form per horse/entry. In order to avoid late fees, this form must be received by Brumley Management Group, Inc. by the required pre-entry deadline for the event. **NOTE: A declined or cancelled credit card will be treated as an insufficient check, all declined credit card payments are subject to all applicable late fees.**

CONTACT INFORMATION (Owner or Agent of the entry)

HOLD FOR ENTRY | BRINGING CHECK TO SHOW (check box)

Name _____ NRHA ID # _____

Mailing Address _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

CREDIT CARD AUTHORIZATION, RELEASE and WAIVER OF LIABILITY

I, _____, (horse owner) have read and understand the terms and conditions of the entry into the High Roller Reining Classic and agree to abide by the event's terms and conditions and the Events Rules and Regulations and its governing body the National Reining Horse Association. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Event and Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize HRRC, Inc to process credit or debit card payments in accordance with the entries related to the event. **I understand that there will be a 4.0% convenience fee, per payment.** I understand that Brumley Management Group and HRRC, Inc. offer this service as a convenience to exhibitors. I understand by completing, signing and returning this form to Brumley Management Group that I am authorizing HRRC, Inc to process my event entry expenses to the credit card listed below.

PAYMENT INFORMATION: Visa Master Card Amex

Credit Card Number: _____ Exp. Date: _____ 3 or 4 digit CSV #: _____ Billing Zip Code: _____

Name on credit card: _____ Signature: _____

OFFICE USE ONLY

DATE RECEIVED: _____	PROCESSED: Y / N	BY: _____
ENTRY FEES:	AMOUNT	\$ _____
JUDGES FEES:	AMOUNT	\$ _____
LATE FEE:	AMOUNT	\$ _____
PHOTO/VIDEO FEE:	AMOUNT	\$ _____
STALLS	AMOUNT	\$ _____
OTHER CHARGES: _____	AMOUNT	\$ _____
4.0% CREDIT CARD CONVENIENCE FEE:	AMOUNT	\$ _____
	TOTAL	\$ _____