

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 #: _____

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: _____

EMERGENCY CONTACT Name: _____ Phone Number: _____

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

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

RIDER #3

Name: _____ DOB: _____
 NRHA #: _____ Exp. Date: _____
Δ Pro Δ NP Δ Youth

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: _____

Sex: M G S Foal Yr: _____

**SSN or TIN Must Be On File To Receive Payout Checks

Relationship: _____

Photo Fee: \$25.00 per horse
 Admin Fee: \$85.00 per horse
 Video Fee: \$25.00 per horse
 Post Entry Fee: \$ Deadline is 8/13/22 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
 RHF Donation \$10.00

CHECK HERE TO OPT OUT OF RHF DONATION
 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 3.5% fee.

Please send earnings to:
 Name or Business receiving payment: _____
 SSN or EIN (Circle One) _____
 Send to following Address: _____