

## West Coast Reining Horse Association WCRHA Affiliate #4

## Schooling August 6 | Show August 7-10, 2024

## Entries and stall reservations must be emailed or postmarked by August 1, 2024

\*Check eligibility of horse and rider on NRHA ReinerSuite before entering \*

Horse Name:						NRHA Comp Lic #:				
Year Foaled: Age:						Sex: S G M				
Owner 1 Nai	ne:					Owner 1 NRHA #			EXP:	
Owner 1 Address:									New?	
Phone #:						Owner 1 WCRHA #			EXP:	
Owner 1 E-mail:						Owner 1 SSN:			Pay to?	
Owner 2 Nar	ne:					Owner 2 NRHA #			EXP:	
Owner 2 Add	ress:					•			New?	
Phone #:						Owner 2 WCRHA #			EXP:	
Owner 2 E-m	ail:					Owner 2 SSN:			Pay to?	
Exhibitor #1					Relationship to Owner:					
Address:										
NRHA#				EXP		WCRHA#			EXP:	
Classes:										
Exhibitor #2						Relationship to Owner:				
Address:										
NRHA#				EXP		WCRHA#			EXP:	
Classes:										
Exhibitor #3						Relationship to Owner:				
Address:										
NRHA#				EXP		WCRHA#			EXP:	
Classes:										
Entries + Jud	ges Fees				WAIVER MUST BE SIGNED: I hereby enter the above horse at my own risk and subject to all rules and regulations of WCRHA. I am aware of the inherent risks					
Schooling		\$50			1 -	-				
Stall		\$250 /stall			associated with equine activities and I assume all risks associated with the event and hereby release and hold harmless Murieta Equestrian Center,					
Tack	\$250/stall Cosumnes Corp., N				o., NRHA, WCRHA, and all respective directors, officers, agents,					
Media Fee					successors an	nd assigns, sponsors and suppliers, from and against any and all				
		\$40			claims, limitation of injuries or damage to my property which I may incur as a result of my participation or attendance at this event. I agree to abide by the					
Drug Fee		\$24				-		_	to abide by the arrant that I am of	
Late Fee		\$45						-	ing terms. I hereby	
Haul In Fee	1 Eq. (\$20/day				cknowledge that I meet the criteria for eligibility to compete the classes					
Total:					entered accord	ding to current N	IRHA and WCRF	IA guidelines.		
Check # Payable to WCRHA										
Or Credit/Debit Card (+ 5% Fee)										
#					Signature O	f Exhibitor (	Guardian, if n	ninor) <b>Date</b>		
EXP: /	CVV:	Zip	Code:							
					Mail to: WCRHA, 25352 N Cherokee Lane, Galt, CA 95632					
Notes:						Email to: WCRHA.entry@yahoo.com				
WCRHA.com   @westcoastreining										