

West Coast Reining Horse Association 2024

YEAREND SPECTACULAR - NOVEMBER 7-10, 2024

(Schooling November 6th) Entry Deadline: Must be Postmarked by November 1st, 2024

Horse's Name _____ NRHA Comp License # _____

Year Foaled _____ Age _____ Sex _____ Name of Rider to School Horse _____

Owner's Name _____ Phone # (____) _____ SS# _____
(required for payment of winnings)

Address _____ City _____ State _____ ZIP _____

E-mail Address _____ () Check if address or email is new

Owner: NRHA # _____ exp: _____ WCRHA # _____ exp: _____

*****CHECK THE CURRENT ELIGIBILITY OF BOTH HORSE AND RIDER BEFORE ENTERING ANY CLASS*****

EXHIBITOR #1 Name _____ Relationship to owner _____

Address _____ City _____ State _____ ZIP _____

Open Non Pro Youth Rider DOB _____ NRHA # _____ Exp. _____ WCRHA # _____ exp: _____

Enter
Class
#

EXHIBITOR #2 Name _____ Relationship to owner _____

Address _____ City _____ State _____ ZIP _____

Open Non Pro Youth Rider DOB _____ NRHA # _____ Exp. _____ WCRHA # _____ exp: _____

Enter
Class
#

FEES AND CHARGES:

Total Class +Judges Fees \$ _____

Stalls # _____ @ \$250 ea \$ _____

Tack # _____ @ \$250 ea \$ _____

Drug Fee \$24/ horse \$ _____ 24

Haul In \$30 per day / horse \$ _____

Office Fee \$40/horse \$ _____ 40

Late Entry Fee \$45/horse \$ _____

Photo/Video Fee \$11/per run \$ _____

Nomination Fee \$35/horse* \$ _____

*Must also fill out nomination form

TOTAL DUE \$ _____

OPEN PAID CHECK # _____

CREDIT CARD (provide at show office)

5% credit card convenience fee added

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 associated with equine activities and I assume all risks associated with the event and hereby release and hold harmless Murieta Equestrian Center, NRHA, WCRHA, and all respective directors, officers, agents, successors and assigns, sponsors and suppliers, from and against any and all 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 terms and conditions of this Release & Waiver of Liability. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to current NRHA and WCRHA guidelines.

SIGNATURE _____

(must be signed by all entrants. Parent or Guardian to sign for Youth riders)

DATED _____ / _____ / 2024

Make checks payable to: WCRHA

All entries must be emailed to –

wcrha@yahoo.com.

Mailed entries will not be accepted.

OFFICE ONLY

POSTMARK DATE: _____

>>> PLEASE STABLE ME WITH OR NEXT TO
