



2018 August Pre-Futurity & Derby - Aged Event Entry Form

Will Rogers Memorial Center & John Justin Arena, Fort Worth, Texas

August 13-19, 2018

Futurity, Derby, 2 Full NRCHA/AQHA Shows

A COPY OF THE REGISTRATION PAPERS, OWNER / RIDER NRCHA MEMBERSHIP CARDS MUST BE INCLUDED WITH THIS ENTRY

Send to SRCHA c/o Gay Lenz - 11587 Hunt Lane, Guthrie, OK 73044 Phone (405) 818-7556, Fax (405) 730-8050 email: entry@srcha.org

Make Checks Payable to: SRCHA Credit Cards Accepted (5% Charge)

Mark Here	Deadline July 25th	Subject to Late fee 25% of Total Entry	add back	entry fee	total	Total Due
	**** CREDIT of \$35 IF ENTRY RECEIVED ON OR BEFORE (July 25th) 1 per back #					
OF	Open Futurity		\$800	\$450	\$1,250	
IOF	Intermediate Open Futurity (enter if eligible)	Auto entry if eligible, IOF/LOF			\$8	
LOF	Limited Open Futurity (enter if eligible)				\$8	
L1LOF	Level One Limited Open Futurity	Do not have to enter the OF	\$325	\$175	\$500	
OD	Open Derby		\$400	\$225	\$625	
IOD	Intermediate Derby (enter if eligible)	Auto entry if eligible, IOD/LOD			\$8	
LOD	Limited Open Derby (enter if eligible)				\$8	
NHD	\$5000 Novice Horse Derby	Do not have to enter the OD	\$150	\$75	\$225	
L1LO	Level One Limited Open Derby	Do not have to enter the OD	\$150	\$75	\$225	
NPF	Non Pro Futurity		\$300	\$100	\$400	
INPF	Intermediate Non Pro Futurity (enter if eligible)	Auto entry if eligible, INPF/LNPF			\$0	
LNPF	Limited Non Pro Futurity (enter if eligible)				\$0	
AMTF	Amateur Futurity	Do not have to enter NPF	\$125	\$75	\$200	
NPLFB	Non Pro Limited Futurity (Boxing)	Do not have to enter NPF	\$100	\$50	\$150	
NPD	Non Pro Derby		\$125	\$75	\$200	
INPD	Intermediate Non Pro Derby (enter if eligible)	Auto entry if eligible, INPD/NNPD			\$8	
NNPD	Novice Non Pro Derby (enter if eligible)				\$8	
AD	Amateur Derby	Do not have to enter the NPD	\$100	\$50	\$150	
NPLD	Non Pro Limited Derby (Boxing)	Do not have to enter the NPD	\$100	\$50	\$150	
OBS	Open Bridle Spec	Must enter OB	\$300	\$175	\$475	
OTRS	Open Two Rein Spec	Must Enter OTR	\$250	\$125	\$375	
NPBS	NP Bridle Spec	Must Enter one of the NP Classes	\$250	\$125	\$375	
NPLS	NP Limited Boxing Spec	Must enter one of the NPL Classes	\$150	\$100	\$250	

By my signature below, I hereby acknowledge that I meet the criteria for eligibility to the classes entered according to the guidelines set forth in the NRCHA rulebook. I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I also acknowledge that UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. I agree that I will not hold NRCHA, SRCHA, or any of the directors, officers, employees, volunteers, clients, or participants liable for any injury or property damage risking out of or caused by this horse show. I have read this release and understand its terms and agree that I am a SRCHA member.

# Grounds x \$30/per day	
# Stalls x \$180/\$225 if Late	
Use stall form for multiple stalls & Shavings	
Use Practice Sign Up form for all Practices (Herd/Fence/Rein)	
# Video x \$25/run	
# NRCHA Fee x \$8/class	
# Cattle Fee x \$225/run	
Office Fee	\$35
<b>Total</b>	

Date \_\_\_\_\_  
 Signature (Exhibitor/Agent/Owner/parent or Guardian) MUST SIGN \_\_\_\_\_

STALLS - Stalls are first come first serve basis

RV - Reserve upon arrival or contact Will Rogers Memorial Center

Owner/Rider must be a current member of NRCHA/SRCHA

NOTE: Cross-entering. When cross entering pay only 1 cattle fee, 1 Video fee

PAYEE \_\_\_Owner \_\_\_Rider SS# \_\_\_\_\_

Horses's Name \_\_\_\_\_ AQHA# \_\_\_\_\_ OTHER# \_\_\_\_\_ Year Foal \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Stallion \_\_\_\_\_ Mare \_\_\_\_\_ Gelding \_\_\_\_\_

Owner's Name \_\_\_\_\_ (phone#) \_\_\_\_\_ NRCHA # \_\_\_\_\_ SRCHA# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rider's Name \_\_\_\_\_ NRCHA # \_\_\_\_\_ AQHA # \_\_\_\_\_ SRCHA # \_\_\_\_\_

(phone#) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment \_\_\_Check \_\_\_Cash \_\_\_Credit Card (5% applied) email \_\_\_\_\_

CC# \_\_\_\_\_ EXP \_\_\_\_\_ CVS \_\_\_\_\_ Billing Zip \_\_\_\_\_

Hold for check

Date \_\_\_\_\_ Signature \_\_\_\_\_