April 16-20, 2025 SRCHA April Show Aged Event Entry Form



Hardy Murphy Coliseum, Ardmore, OK

TOTAL

DERBY

A COPY OF THE REGISTRATION PAPERS, OWNER / RIDER NRCHA MEMBERSHIP CARDS MUST BE INCLUDED WITH THIS ENTRY Send to Gay Lenz – 11587 Hunt Lane, Guthrie, OK 73044 Phone (405) 818-7556, <u>Fax (405) 730-8050</u> email: entry@srcha.org Make Checks Payable to: SRCHA Credit Cards Accepted 5% charge

Mark Here	Deadline 25% late fee if not received by February 24, 2025					NRCHA Fee	Video	Cattle Fee	Total	Total Due		
	OD	Open Derby	Pays 1 for every 5 horses - No Divisions	\$150	\$75	\$10	\$18	\$165	\$418			
	L1OD	Level One Limited Open Derby	Pays 1 for every 5 horses	\$100	\$50	\$10	\$18	\$165	\$343			
	NPD	Non Pro Derby Intermediate NP Derby	You can enter all that you are eligible for but pay only one cattle/video fee. Each division is jackpot only No added money. Int. & Ltd must enter NP Derby PAYS According to NRCHA Payout schedule	\$100	\$50	\$10 \$10	\$18	\$165	\$343 \$10			
	LNPD	Limited NP Derby				\$10			\$10			
	L1NPD	Level 1 NP Derby		\$75	\$45	\$10	\$18	\$165	\$313			
	NPBXD	Non Pro Boxing Derby		\$75	\$45	\$10	\$18	\$165	\$313			
	L1NPBD	Level 1 NP Boxing (Must Enter Up NPBXD)		\$75	\$45	\$10			\$130			
		elow, I hereby acknowledge that I meet the crit forth in the NRCHA rulebook. I understand the		Grounds Fee per day \$25.00								
0		the those risks. I also acknowledge that UNI		For Sta								
		ECTION 50.3 OF TITLE 76; AN EQUINE PR ATH OF A PARTICIPANT IN EQUINE AC'		Fill ou								
		NE ACTIVITIES. I agree that I will not hold										
	,	eers, clients, or participants liable for any injury read this release and understand its terms.										
						Late fee 25% of entry						

DATE

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

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

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

Horses's Name		AQHA#	Year		
Sire	Dam		_Stallion	Mare	Gelding
Owner's Name		(phone#)		NRCHA #	<u> </u>
Address		City		State	Zip
Rider's Name			NRCHA #		
	(phone#)				
Address	MUST HAVE PAYEE TO RECEIVE ANY PAYOUT PAYEE Owner Rider SS#			State	Zip
IF PAYING WIT	H CREDIT CARD YOU MUST FILL OUT CREDIT CAR				