



EMAIL: _____

SCRHA SADDLE SERIES (Circle Show Date)

MAY 20 JUNE 17 JULY 15 AUGUST 12-13

NRHA Comp# _____

Horse's Name _____ Sex _____ Age _____

Owner's Name _____ Phone # _____

Address _____ City _____ St. _____ Zip _____

PCHA# _____ NRHA# _____ Social Sec # _____

Rider #1 OPEN AM YTH NRHA _____ PCHA _____

Name _____ Relationship to owner _____

Address _____ City _____ St. _____ Zip _____

CLASSES

Rider #2 OPEN AM YTH NRHA _____ PCHA _____

Name _____ Relationship to owner _____

Address _____ City _____ St. _____ Zip _____

CLASSES

Total Entry Fees \$ _____

Haul In \$25/horse \$ _____

Post Entry \$20 (Thur prior to Show) \$ _____

PCHA Horse Fee \$3 \$ _____

Calif Drug Fees \$ 5.00 _____

Office Fee \$ 25.00 _____

NRHA Fee \$7/horse \$ _____

TOTAL DUE \$ _____

Payable to:

SCRHA
P.O. BOX 2155
COSTA MESA, CA 92628
Trackoneevents@aol.com
(714) 444-2918 Phone/Fax

I agree to the rules, regulations, and terms of this show:

Signature

RELEASE: I hereby agree to release and hold harmless the management of this show or any of its members or agents and/or owners of management of the ground or location whereon this event is held, from any loss, damage, or injury resulting from participation of this entry in this event. In accepting my entry, I hereby release the sponsor, their offices, members, and co-sponsors of this show and owners of the property where this show is held, from any claim or right for damages which may occur to me or my horse. I also assume and accept full responsibility for any damages done by me or by my horse at this show.

TRAINER NAME: _____