

EMAIL: \_\_\_\_\_



**2020 SCRHA SADDLE SERIES** (circle show/send separately for each show )

**SHOW #1(3/28-29) SHOW #2(5/16-17) SHOW #3(7/11-12) SHOW #4(8/8-9) SHOW #5 (9/26-27)**

AQHA Reg# \_\_\_\_\_ NRHA Comp# \_\_\_\_\_

Horse's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

PCHA# \_\_\_\_\_ NRHA# \_\_\_\_\_ Social Sec # \_\_\_\_\_

**Rider #1**  OPEN  AM  YTH AQHA \_\_\_\_\_ NRHA \_\_\_\_\_ PCHA \_\_\_\_\_

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

CLASSES


**Rider #2**  OPEN  AM  YTH AQHA \_\_\_\_\_ NRHA \_\_\_\_\_ PCHA \_\_\_\_\_

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

CLASSES


Total Entry Fees \$ \_\_\_\_\_

Haul In \$25/horse/day \$ \_\_\_\_\_

Post Entry \$25 (Thur prior to Show) \$ \_\_\_\_\_

PCHA Horse Fee \$5 \$ \_\_\_\_\_

California Drug Fees \$ 8.00

Office Fee \$ 25.00

NRHA Fee \$7/horse \$ \_\_\_\_\_

AQHA Fee \$5/horse \$ \_\_\_\_\_

SCRHA Fee \$5/horse \$ 5.00

TOTAL DUE \$ \_\_\_\_\_

Payable to:

SCRHA  
P.O. BOX 2155  
COSTA MESA, CA 92628  
Trackonevents@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:** \_\_\_\_\_