

2010 XTO Energy/NCHA Super Stakes

\$10,000 NOVICE HORSE

(Contest within Contest)



1. 2010 NCHA Super Stakes \$10,000 Novice Horse class will be limited to horses with lifetime earnings (monies won in all classes reported will count against a horse's eligibility total) of **\$10,000** and less as of Feb 15, 2009. All Limited Age Events & weekend shows submitted and processed through March 1, 2010 will determine a horse's eligibility.
2. Nomination fees for \$10,000 Novice Horse Contest:
 On or before **Feb 15, 2010** **\$500**
 There will be a **10-day grace period**. (Official postmark by US Postal Service)
Late entries will be accepted after the draw, but before the beginning of the first go-round by paying a 50% penalty.
3. There must be 100 or more entries on or before Feb. 15 per division before a working Finals is held. Scores from the two go-rounds will be added together in determining the top 15 horses that will advance

- to the finals. All finalists will receive premium checks. In the event there are less than 100 entries per division there will not be a working finals. Payout will be made according to the NCHA mandatory payout, to the highest advancing horses.
4. All finalists will be required to pay an additional cattle charge in the amount of \$175 per horse. Deduction will be made from premium check for this charge.
5. Riders may ride three (3) horses if one of them is entered in the Gelding class.
6. If a rider has attempted to compete in these classes and the horse is found to be ineligible, disciplinary action may be taken. The burden of proof of eligibility is upon the rider.
7. All rules of the 2010 NCHA Super Stakes will apply in this event where applicable.

\$10,000 Novice Horse Division

For Foals of 2006

RIDER & NCHA #	DIVISION		HORSE & REG NO.	OWNER & NCHA #
	OPEN 4YR OLD	NON-PRO 4YR OLD		
# _____				# _____
# _____				# _____

AS A CONDITION TO ENTRY IN THIS CONTEST I AGREE TO SUBMIT TO A POLYGRAPH EXAMINATION REGARDING COMPLIANCE WITH OR VIOLATION OF NCHA RULES GOVERNING NON-PROFESSIONAL HORSE OWNERSHIP, IF REQUESTED BY THE EXECUTIVE DIRECTOR AS PART OF AN INVESTIGATION CONDUCTED PURSUANT TO THE RULES.

If contestant is under 21 years of age both contestant and parent or legal guardian must sign this form.

RELEASE FROM LIABILITY AND WAIVER OF RESPONSIBILITY

As a condition to participate in this event, the NCHA, its directors, officers, employees, members, agents and representatives **ARE HEREBY RELEASED** from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, on account of any damage, cost or expense (i) **AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY, FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF NCHA, ITS DIRECTORS,**

OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the NCHA Constitution, ByLaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of the horse(s) described herein in this event and the undersigned indemnifies the NCHA from all claims, demands, or causes of action based on any of the foregoing.

Owner _____ Address _____
 (as it will be listed in the event program)

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

Correspondent _____ Address _____

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

*Photocopy of registration certificate or colored photos of unregistered horses must accompany this application. Send to:
 NCHA, 260 Bailey Avenue, • Fort Worth, Texas 76107-1862 • (817) 244-6188*

Make premium checks payable to: _____ S.S. or Corp. ID # _____.

*The Internal Revenue Service is now requiring us to withhold income tax on premium monies won at a rate of 31% on all taxpayers who do not provide a Taxpayer Identification Number (Social Security No. or Business ID No.). Please be sure to provide this on your entry form.

MasterCard Visa Card Number _____ Amount \$ _____ Exp date _____