



NCHA EVENT ENTRY FORM

MUST BE RECEIVED IN OFFICE BY DUE DATE



STARTING IN 2020 A 10-DAY GRACE PERIOD WILL NO LONGER BE PROVIDED

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

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For Foals of 2017

For the full list of conditions & payment schedule please visit, <https://www.nchacutting.com/members/forms>.

CLASS	ENTRY FEE	LIMITED OPEN COMBO	LIMITED NON-PRO COMBO	UNLIMITED AMATEUR COMBO	SENIOR	GELDING
OPEN \$2,920 if paid in full by Oct 15, 2019	1.Oct 15 __\$100 4.Jul 1 __\$600 2. Jan 1 __\$200 5.Sept 1 __\$600 3.May 1 __\$500 6.Oct 1 \$1220* Total with Six Payments: \$3,220 1st payment due October 15, 2019	__\$545 OPEN ENRY REQUIRED			__\$545	__\$545
NON-PRO \$2,445 if paid in full by Oct 15, 2019	1.Oct 15 __\$100 4.Jul 1 __\$400 2. Jan 1 __\$100 5.Sept 1 __\$500 3.May 1 __\$400 6.Oct 1 \$1195* Total with Six Payments: \$2,695 1st payment due October 15, 2019		__\$1,340* NON-PRO ENTRY REQUIRED		__\$545	__\$545
LIMITED NON-PRO	1.__\$750 2.__\$890* Total with Two Payments: \$1,640 1st payment due September 1, 2020				__\$545	
AMATEUR 	1.__\$700 2.__\$840* Total with Two Payments: \$1,540 1st payment due September 1, 2020			__\$1,460* AMATEUR ENTRY REQUIRED	__\$545	__\$545
UNLIMITED AMATUER 	1.__\$800 2.__\$960* Total with Two Payments: \$1,760 1st payment due September 1, 2020			__\$1,460* ULTD AMATEUR ENTRY REQUIRED	__\$545	__\$545

*PAC Fee included: Under Texas Election Code, Chapter 253, the Political Action Committee (PAC) fee is a voluntary contribution. Funding the PAC is important to be able to maintain state funding at the NCHA Triple Crown events. Your contribution will provide critical assistance to the NCHA with this effort. To opt out of the PAC fee, submit your payment without the amount indicated as the PAC fee for your class.

Late Entries in all Events requires a penalty. Entries not accepted without payment.

Photocopy of registration certificate or colored application for unregistered horses must accompany this application. Due in office by July 1, 2019.

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, the 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 forgoing 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.

Both owner and rider of any horse entered in an NCHA produced event, by said entry, consents to the implementation of any action allowed by Standing Rule 35.a, Zero Tolerance by either show management or judge.

Yes, Please Subscribe me to text updates. Mobile/Cell # _____

Owner & NCHA#: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Signature: _____

Parent/Legal Guardian: _____

Correspondent: _____

Address: _____ Phone#: _____

I agree to all rules, terms and conditions included in the show rules published on nchacutting.com

MasterCard Visa Card AmEx Discover Card Number: _____

Amount \$: _____ Exp. Date: _____ 3 (4) digit security code: _____

1.Horse Name: _____
Horse Registration #: _____
Rider & rider #: _____
2.Horse Name: _____
Horse Registration #: _____
Rider & rider #: _____