



# 2024 NCHA FUTURITY ENTRY FORM

## OPEN & NON-PRO

**MUST BE POSTMARKED BY DUE DATE**

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

Phone: 817-244-6188 | Fax: 817-244-2015 | Email: [cclaxton@nchacutting.com](mailto:cclaxton@nchacutting.com)

### For Foals of 2021

For the full list of terms & conditions, payment schedule & penalties please visit: <https://www.nchacutting.com/events/futurity>

Please Submit 1 Entry Form Per Horse. Entries not accepted without payment. All Late payments are assessed a penalty.

#### INDICATE ENTRY TYPE AND PAYMENT IN THIS SECTION

DIVISION	PAYMENTS	SENIOR	GELDING	CHROME CASH	
<b>OPEN</b> \$4,037* Total \$3,643* If paid in full By Nov 1, 2023	1. Nov 1    __\$200	<b>1<sup>st</sup> payment due            Nov 1, 2023            OR pay in full            prior to Nov 1            ____ \$3,643*</b>	Open    __\$600	Open    __\$600	Open    __\$600
	2. Jan 2    __\$500		Int Open    __\$600	Int Open    __\$600	Int Open    __\$600
	3. Aug 16    __\$1,100		Ltd Open    __\$600	Ltd Open    __\$600	Ltd Open    __\$600
	4. Oct 2    __\$2,237*				
<b>NON-PRO</b> \$3,537* Total \$3,190* if paid in full by Nov 1, 2023	1. Nov 1    __\$200	<b>1<sup>st</sup> payment due            Nov 1, 2023            OR pay in full            prior to Nov 1            ____ \$3,191*</b>	Non-Pro    __\$600	Non-Pro    __\$600	Non-Pro    __\$600
	2. Jan 2    __\$500		Int. Non-Pro    __\$600	Int. Non-Pro    __\$600	Int. Non-Pro    __\$600
	3. Aug 9    __\$900		Ltd. Non-Pro    __\$600	Ltd. Non-Pro    __\$600	Ltd. Non-Pro    __\$600
	4. Oct 2    __\$1,937*				

\*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. Open \$100 / Np \$75 / Am \$20.

Horse Name: \_\_\_\_\_ Horse Registration #: \_\_\_\_\_

Rider #: \_\_\_\_\_ Rider Name: \_\_\_\_\_

Owner #: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Owner Street Address: \_\_\_\_\_

Owner City, State, Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Correspondent: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Photocopy of front and back of registration certificate or colored application for unregistered horses due in office by August 16, 2024.**

**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.

Pay With Check (Enclosed)     Pay With Credit Card  
(MC / Visa / AmEx / Discover)

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I agree to all rules, terms and conditions included in the show Rules published on [nchacutting.com](http://nchacutting.com)

Signature: \_\_\_\_\_ Parent / Legal Guardian: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

\* ALL payments received by NCHA are assessed a Non-Refundable Transaction Fee of 3%. NCHA will waive the fee if payment is submitted by check, Wire Transfer or ACH/E-check.

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type.  
See Specific Instructions on page 3.

<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
<b>2</b>	Business name/disregarded entity name, if different from above						
<b>3</b>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td style="text-align: center;"><input type="checkbox"/> C Corporation</td> <td style="text-align: center;"><input type="checkbox"/> S Corporation</td> <td style="text-align: center;"><input type="checkbox"/> Partnership</td> <td style="text-align: center;"><input type="checkbox"/> Trust/estate</td> </tr> </table> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) ▶	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate			
<b>5</b>	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)					
<b>6</b>	City, state, and ZIP code						

**7** List account number(s) here (optional)

### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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**Social security number**

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**or**

<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**      Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)