

## **2025 NCHA FUTURITY - AMATEUR ENTRY FORM**

MUST BE POSTMARKED BY DUE DATE – Late Fees Apply After Due Date

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

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### For Foals of 2022

For the full list of terms & conditions, payment schedule & penalties please visit: <a href="https://www.nchacutting.com/events/futurity">https://www.nchacutting.com/events/futurity</a> Please Submit 1 Entry Form Per RIDER. Entries not accepted without payment. All Late payments are assessed a penalty.

1. 1 <sup>ST</sup> PAYMENT	POSTMARK DATE AUG 15, 2025	2. 2 <sup>nd</sup> PAYME	DATE OCT 1, 2025	
CLASS	ENTRY FEE	SENIOR	GELDING	CHROME CASH
AMATEUR LTE: \$100,000 or more	1\$800 2\$1,570* Total with Two Payments: <b>\$2,370</b> *	\$600	\$600	\$600
NTERMEDIATE AMATEUR LTE: \$25,001- \$99,999	1\$700 2\$1,465* Total with Two Payments: \$2,165*	\$600	\$600	\$600
LIMITED AMATEUR LTE Cap: \$25,000	1\$650	\$600	\$600	\$600
	1\$2,150 2\$2,460*  Total with Two Payments: \$4,610*  1\$1,500 2\$2,090*  Total with Two Payments: \$3,590*  1\$1,450 2\$1,940*  Total with Two Payments: \$3,390*  1\$1,350 2\$1,835*  Total with Two Payments: \$3,185*  ter 253, the Political Action Committee (PAC) fee is a voluntary cor o the NCHA with this effort. To opt out of the PAC fee, submit your  Rider Name:	** See Rules f	s for each level en nly once to comb for information of portant to be able to maintain ndicated as the PAC fee for you	n Combo Slot Sales state funding at the NCHA Triple Cr
owner #: orrespondent (if different from i ddress: ity / State / Zip:	For Named Entries (entries made with both of the control of the co	Horse Regist	a a	Photocopy of front an back of registration certificate or colored pplication for unregiste horses due in office baugust 15, 2025.
ELEASE FROM LIABILITY AND WAIVER OF RESPONSIBIL this event, the NCHA, the directors, officers, employee presentatives are hereby released from all claims, dem and or nature whatsoever; whether now existing or to he amage, cost or expense (I) As a result of any bodily injur quipment or other personal property, from any cause w mited to, the sole or concurrent negligence of NCHA, its gents or representatives; or (ii) as a result of the interpr CHA constitution, bylaws, rules or regulations and the r spense which may occur by reason of forgoing is hereby aiver is binding on the undersigned as well as all riders, associated with the participation of the horse (s) describe indersigned indemnifies the NCHA from all claims, dema ny of the foregoing. Both owner and rider of any horse over the power of the foregoing of the sole of	pay Wi preafter accrue, on account of any y, loss or damage to any animals, hatsoever including, but not directors, officers, employees, etation or enforcement of the sk of any such damage, cost or assumed and accepted. This grooms and other helpers of therein in this event and the nds, or causes of action based on entered in an NCHA produced any action allowed by Standing or judge and Standing Rule 35A Medication Policy.	th Check (Enclose r: rd: : Address: ode: E	d) Pay Wi (MC / Visa /	AmEx / Discover)  CVV:
_	ns included in the Show Rules published on nchacu	itting.com	•	
	Parent / Legal Gu			
wind Names.	If contestan	τ is under 21 years of age both c	ontestant and parent or legal g	uardian must sign this form



# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	е у	<b>bu begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.													
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)														
	Business name/disregarded entity name, if different from above.														
n page 3.	38	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership  Trust/estate					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
. io		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)						Exempt payee code (if any)							
Print or type. See Specific Instructions on page		<b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.					Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)								
Pri 17.		Other (see instructions)						arry)							
F Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						(Applies to accounts maintained outside the United States.)								
see	5	Address (number, street, and apt. or suite no.). See instructions.		uester's name and address (optional)											
0,				National Cutting Horse Association											
	6	City, state, and ZIP code  260 Bailey Ave Fort Worth TX				76107									
	7	List account number(s) here (optional)													
Pai	t I	Taxpayer Identification Number (TIN)													
					ocial security number										
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 <i>How to get a</i>							_								
TIN, later.				Em	ploy	loyer identification number									
		ne account is in more than one name, see the instructions for line 1. See also <i>What Name a</i> of Give the Requester for guidelines on whose number to enter.	and			-									
Par	t II	Certification													
		nalties of perjury, I certify that:													
1. The 2. I ar Sei	nu n no	mber shown on this form is my correct taxpayer identification number (or I am waiting for a set subject to backup withholding because (a) I am exempt from backup withholding, or (b) (a) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding; and	l have n	ot b	een	notifie	d by	the	Inter						
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and													
4. The	F/	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is con	ect.											
Certif	ica	ion instructions. You must cross out item 2 above if you have been notified by the IRS that yo	ou are c	urrei	ntlv s	subiect	to b	ackı	iw au	thhol	dina				

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.

#### **General Instructions**

Signature of

U.S. person

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*.

#### What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Date