



# 2026 NCHA FUTURITY ENTRY FORM

## OPEN

**MAILED ENTRIES MUST BE POSTMARKED BY DUE DATE – Late Fees Apply After**  
 Mailing Address: 260 Bailey Ave Fort Worth, TX 76107  
 Phone: 817-244-6188 | Fax: 817-244-2015 | Email: [entries@nchacutting.com](mailto:entries@nchacutting.com)

### For Foals of 2023

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 DATES          | SENIOR   | GELDING             | CHROME CASH         |                     |
| <b>OPEN</b><br>\$4,285* Total<br>\$4,066* If paid in full By Jan 9, 2026 | 1. Nov 17    __\$200    | 1 <sup>st</sup> payment due<br><b>Nov 17, 2025</b><br>OR pay in full<br>prior to Jan 9<br>_____ \$4,066* | Open        __\$600 | Open        __\$600 | Open        __\$600 |
|  | 2. Jan 9     __\$500    |  | Int Open    __\$600 | Int Open    __\$600 | Int Open    __\$600 |
|  | 3. Aug 25   __\$1,100   |  | Ltd Open    __\$600 | Ltd Open    __\$600 | Ltd Open    __\$600 |
|  | 4. Oct 2     __\$2,485* |  |                     |                     |                     |

\*\$100 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.

**Horse Name:** \_\_\_\_\_ **Horse Registration #:** \_\_\_\_\_  
 REQUIRED

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

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

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

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

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

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

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

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

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

Open Entry requires name. Horses with pending registration must provide sire, dam, foal date. Final registered name & number due by August 26, 2026. Unregistered horses must have NCHA certificate by October 2.

\* Credit Card Transactions are subject to 3% fee. NCHA does not accept debit cards as a form of payment. Use ACH or E-Check in lieu of a debit card.

ACH Limit is \$20,000

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 and Standing Rule 35A Medication Policy.

\_\_\_ Pay With Physical Check (Mailed)

\_\_\_ Pay with ACH/E-Check on file ending in \_\_\_\_\_

\_\_\_ Pay With Credit Card\* on file ending in \_\_\_\_\_  
(MC / Visa / AmEx / Discover)

Name on Card/Account : \_\_\_\_\_

Zip Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please call the office to provide new Credit Card or ACH information. Entries received with full account numbers will not be accepted via email.

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

**Make Checks Payable to:**  Owner  Rider  Other Name: \_\_\_\_\_ (W-9 Required for all payees)

**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:** \_\_\_\_\_

# 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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|  |   |  |  |
|--|---|--|--|
| <b>Print or type.<br/>See Specific Instructions on page 3.</b> | <b>1</b> 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.)  |  |  |
|  | <b>2</b> Business name/disregarded entity name, if different from above.  |  |  |
|  | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |  |
|  | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><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.<br><input type="checkbox"/> Other (see instructions) _____ | Exempt payee code (if any) _____   |  |
|  | <b>3b</b> 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 . . . . . <input type="checkbox"/>   | Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____                  |  |
|  | <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  | National Cutting Horse Association<br>260 Bailey Ave<br>Fort Worth TX 76107                              |  |
| <b>7</b> List account number(s) here (optional)                |   |  |  |

## Part I 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.

|                                       |  |  |  |   |  |  |  |  |  |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |  |  |  |
|                                       |  |  |  | - |  |  |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |  |  |  |
|                                       |  |  |  |   |  |  |  |  |  |

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

## 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.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | 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).

## What's New

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