



# NCHA EASTERN NATIONAL CHAMPIONSHIPS



## Presented by 6666 Ranch

Jackson, MS • Kirk Fordice Equine Center at the Mississippi State Fairgrounds • March 5 – 14, 2020

**Riders may ride (3) three horses in the following classes**

Entry	Class	Added Money	Entry Fee	Office Fee	Total
<input type="checkbox"/>	<b>Open</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$25,000 Novice</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$5,000 Novice</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$25,000 Novice Non Pro</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$5,000 Novice Non Pro</b>	\$15,000	\$247.50	\$252.50	\$625
Horse/Reg #	Owner & NCHA ID #	City	State	Rider & NCHA ID#	

**Riders may ride (2) two horses in the following classes (excluding the youth)**

Entry	Class	Added Money	Entry Fee	Office Fee	Total
<input type="checkbox"/>	<b>Non-Pro</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$50,000 Amateur</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$35,000 Non Pro</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$15,000 Amateur</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>\$2,000 Limit Rider Any Horse</b>	\$15,000	\$247.50	\$252.50	\$625
<input type="checkbox"/>	<b>Junior Youth Any Horse</b>	n/a	\$75	\$75	\$175
<input type="checkbox"/>	<b>Senior Youth Any Horse</b>	n/a	\$75	\$75	\$175
Horse/Reg #	Owner & NCHA ID #	City	State	Rider & NCHA ID#	

**Please include a copy of the horse's registration papers.**

**STALL INFORMATION** – Stalls \$150 Number of Stalls \_\_\_\_\_

Youth Stalls \$75 Number of Stalls \_\_\_\_\_

**Total Stall & Entry Fee** \_\_\_\_\_

There will be a \$100 NCHA (Excluding youth) & \$25 drug fee added to each entry. Blood samples will be taken in all divisions throughout the show. Refusal to allow testing of a selected horse shall result in disqualification of the horse, and potential disciplinary action against the responsible party/parties.

**ENTRY DEADLINE FOR ALL CLASSES: February 05,2020** (Entries postmarked after the due date will be subjected to a penalty of 25% of entry fee.) NCHA, 260 Bailey Ave, Fort Worth, TX 76107 Phone: 817-244-6188 Fax: 817-244-2015

Email Entries to [cclaxton@nchacutting.com](mailto:cclaxton@nchacutting.com)

**\*\*Entries are only accepted with completed entry forms and fee postmarked by February 05,2020. Checks payable to NCHA must accompany entry. No horse considered entered until payment received.**

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 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, By Laws, 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 horses (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.**

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

*Premium checks pay to Registered Owner (Except for Youth & \$2k Rider class which pay to participant)*

Hotel you'll be staying at: \_\_\_\_\_ How many nights: \_\_\_\_\_

Check or Money order # \_\_\_\_\_

MC  Visa  AmEx  Discover \*Card Number\*: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV #: \_\_\_\_\_