

Print Name:

2025 NCHA SUPER STAKES – OPEN ENTRY FORM

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

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107 Phone: 817-244-6188 | Fax: 817-244-2015 | Email: entries@nchacutting.com

Foaled in 2019, 2020, 2021

For the full list of eligibility, conditions & payment schedule please visit, https://www.nchacutting.com/events/superstakes

1. 1 ST PAYMENT POSTMARK DATE JAN 15, 2025 2.				ENT POST	MARK DAT	E FEB 14,	2025	
CLASS	ENTRY FEE		D	UE: PRIOR TO	START OF GO	TART OF GO 1		
CLASS			Senior	Gelding	Chrome Cash	10K Novice	TOTA	
OPEN / INTERMEDIATE OPEN* Auto Entry into Int. if Eligible	1\$1,450 2 Total with Two Payr		\$600	\$600	\$600	\$600 (4 year old only)		
INTERMEDIATE OPEN SUBCLASSES LTE: \$ 200,001-\$749,999	[†] Eligible Riders will be entered for no addition classes must be enter	al fee. But sub-	\$600	\$600	\$600			
LIMITED OPEN LTE Cap: \$200,000	1\$600 2 Total with Two Payr		\$600	\$600	\$600			
Entry into the OPEN and LIMITE It requires 2 ric *\$100 PAC Fee included: Under Texas Elect able to maintain state funding at the NCHA submit your payment without the amount	des into the herd. tion Code, Chapter 253, the Politi Triple Crown events. Your contri	cal Action Committee						
Horse Name:			_ Horse Re	egistration	ı #:			
Rider #:	Rider Name:							
Owner Street Address: Owner City, State, Zip: Best Contact Phone: Yes, Please Subscribe me to tex Correspondent: Address: City / State / Zip:	Email: _ t updates. Mobile/Cell #					received by be assesse Refundable Tee of 3%. I waive the payment is by check, Wi or ACH/E	d a Non- Fransaction NCHA will e fee if submitted tre Transfe	
Best Contact Phone:	Email:							
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 35.a Medication Policy.		Card Numbe	Pay With Check (Enclosed) Card Number: Name on Card:			(MC / Visa / AmEx / Discover)		
			et Address: ode: Exp Date:					
I agree to all rules, terms and condition published on nchacutting.com							/	
Make Checks Payable to: Owner Rider Other Name:					(W-9 Rec	(W-9 Required for all payees)		
Signature:	Pare	ent / Legal Guardi	an:					
		If contestant is under 21 y	ears of age both con	testant and parent o	r legal guardian must	sign this form		