

NAME OF PERSON RESPONSIBLE FOR PAYMENT:

****SSN or EIN must be on file to receive payout checks!**

Teton Slide II

June 10-11, 2022

Madison County Fairgrounds
460 W 2nd N Rexburg, ID 83440



BACK # _____

HORSE INFORMATION as it appears on Competition License

Registered Name	NRHA License #	Sex: M G S	Foal Yr.
Sire	Dam	Trainer	

OWNER INFORMATION as it appears on Competition License

Name	NRHA#	Exp Date	Phone #	Email Address REQUIRED!
Owner				
Address	City, State, Zip			

EMERGENCY CONTACT Name	Phone #	Relationship
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EXHIBITOR INFORMATION: Date of birth required for youth, primetime and masters (60 and over) divisions only

RIDER #1				RIDER #2				Total Entries & Judge's Fees (from Worksheet)	
Name				Name				Thurs Paid Warm-ups (\$20 each)	
NRHA # <input type="radio"/> Pro <input type="radio"/> N <input type="radio"/> P <input type="radio"/> Youth				NRHA # <input type="radio"/> Pro <input type="radio"/> N <input type="radio"/> P <input type="radio"/> Youth				Late Fee (\$25 per horse)	
Relationship to Owner				Relationship to Owner				Office Fee (per horse) \$35	
Class Numbers				Class Numbers				NRHA Drug Test Fee (per horse) \$7	
								IdRHA Membership (\$20/\$35/\$50)	
								Circuit Stal \$40 /day	
								NRHA Membership (\$115)	
								NRHA Competition License (\$60)	
								Video fee (\$8 per run) N/A	
								TOTAL DUE	

**All post entries on Friday will go before the working order in each class.
All post entries on Saturday will go after the working order in each class.**

Release & Waiver of Liability
I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the IdRHA and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney fees arising out of my participation in the event, including, without limitation, any personal injuries or damage to my property which incurr as the result of performing in a reining horse show class. I have the authority and hereby do, by making this entry, assume responsibility and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.
By signing below you acknowledge that you have read and understand all IdRHA and NRHA rules and that the judge's decision is final.

Signature _____ Date _____

Send Entry form and copies of competition license and NRHA card to Show Secretary
Jana Day
reinshowentry@gmail.com
208-681-1320

Please refer to the website at idrha1.com for show manager, warm up and stall information.