


NAME OF PERSON RESPONSIBLE FOR PAYMENT:		Spring Fling			
		April 24-26, 2025			
**SSN or EIN must be on file to receive payout checks!		Wind River Arena 70 N 4600 East Rigby, ID 83442			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 <b>REQUIRED!</b>
Owner								
Address				City, State, Zip				
EMERGENCY CONTACT	Name			Phone #			Relationship	

**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 (\$25 each)	
NRHA #	<input type="radio"/> Pro <input type="radio"/> N P <input type="radio"/> Youth	NRHA #	<input type="radio"/> Pro <input type="radio"/> N 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)	\$10
				IdRHA Membership (\$20/\$35/\$50)	
				Circuit Stall \$40 /day	
				NRHA Membership (\$125)	
				NRHA Competition License (\$65)	
				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.**

<b>Release &amp; Waiver of Liability</b>		Send Entry form and copies of competition license and NRHA card to	
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.		Show Secretary Jana Day <a href="mailto:reinshowentry@gmail.com">reinshowentry@gmail.com</a> 208-681-1320	
By signing below you acknowledge that you have read and understand all IdRHA and NRHA rules and that the judge's decision is final.		<b>Please refer to the website at idrha1.com for show manager, warm up and stall information.</b>	
Signature		Date	