

Name of person who will be paying this horses fees:



\_\_\_\_\_

Reining by the Bay  
Woodside, California

BACK #
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**HORSE INFORMATION** as it appears on Competition License

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

**OWNER INFORMATION** as it appears on Competition License

Name	NRHA #	Exp Date	Phone #	E-Mail Address	REQUIRED!
Owner					
Co-Owner					

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ \*\*SSN or TIN Must Be On File To Receive Payout Checks

**EMERGENCY CONTACT** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EXHIBITOR INFORMATION**

RIDER #1						RIDER #2					
Name: _____						Name: _____					
NRHA #:		Exp. Date:		△Pro △ NP △ Youth		NRHA #:		Exp. Date:		△Pro △ NP △ Youth	
Relationship to Owner: _____						Relationship to Owner: _____					
Class Numbers						Class Numbers					

Photo Fee: \$ 25.00 per horse  
 Admin Fee: \$ 85.00 per horse  
 Video Fee: \$ 25.00 per horse  
 Post Entry Fee: \$ Deadline is 6/16/2021 see terms & conditions for Details  
 Stall: **Please use stall reservation form**  
 Sub Total: \$ \_\_\_\_\_  
 Close Out Fee \$15.00 If you don't close out your tab  
 NRHA Drug Fee \$7.00 per horse  
 California Drug Fee \$8.00 per horse  
 \$ \_\_\_\_\_  
**TOTAL AMT. DUE** \_\_\_\_\_ Ck # \_\_\_\_\_  
We now accept credit cards as payment. If you would like to take advantage of this service please complete a credit card authorization form. Please note that you will be charged an additional 3.5% fee.

**RIDER #3**

Name: \_\_\_\_\_

NRHA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ △Pro △ NP △ Youth

Class Numbers


**Include the following items with your entry form & Mail to:**

- Copy of Owner & Exhibitor's current (2021) Membership Card(s)
- Copy of Horse's NRHA Competition License

Questions? Email [brumleyevents@gmail.com](mailto:brumleyevents@gmail.com)

**Reining by the Bay**  
 c/o Brumley Management Group  
 28150 N Alma School Pkwy #103-619  
 Scottsdale, AZ 85262  
 Or email to [brumleyevents@gmail.com](mailto:brumleyevents@gmail.com)

**Please send earnings to:**

Name or Business receiving payment: \_\_\_\_\_

SSN or EIN (Circle One): \_\_\_\_\_

Send to following Address: \_\_\_\_\_

SSN or EIN must belong to the entity listed on the first line

By signing here I agree to the terms and conditions of this event and have carefully read and fully understand the release of liability and waiver of legal rights: Signature/Date: \_\_\_\_\_