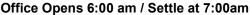
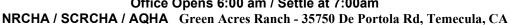


## JIMMY FLORES MEMORIAL

May 9 - 12, 2024 / Entry Due Date: May 3, 2024
Office Opens 6:00 am / Settle at 7:00am





	)

		Horse	& Own	er Infor	mation							
Horse's Name:						Breed:						
Registration #:	Year Foaled:			aled:		s	ex:	s	М	G		
Owner's Name:					Horse Sire:							
Owner's Street Address:				Horse Dam:								
Owner's City: Owner				er's State: Owner's Zip:								
Best Contact Phone: Email:				ı								
NRCHA#:	AQHA:				SSN or TIN#							
Rider # 1 Information												
Rider 1 Name: Birthday:			y:/	_/ / State: Zip:								
At Show Phone:						Email:				1		
NRCHA #:			AQHA:		SSN or TIN#							
SHOW #1 / RR / Herd /	SPEC		SHOW	/ #2			SHOW #3					
CLASS NUMBERS		C	LASS NU	MBERS			CLASS NUMBERS					
										<u> </u>		
		Ric	der # 2 I	nforma	tion							
Rider 2 Name:			Bir	thday:								
NRCHA#: AQHA:			HA:	SSN or TIN#								
				. 40								
SHOW #1 / RR / Herd / SPEC SHOW #2				SHOW #3								
CLASS NUMBERS CLASS NUMBERS		MBERS	CLASS NUMBERS					I				
IMPORTANT INFORMATIO PLEASE provide a copy of horse's r	egistration paper	s, owner's and i	rider's NR	CHA,	Stalls \$ 200 (includes 2 bags shavings)							
AQHA card if you have not shown with us.					RV - \$50 per night							
RELEASE & WAIVER: I, the undersigned, hereby release the Southern California Reined Cow Horse association, Green Acres Ranch, their officers, members, agents, employees, representatives from all claims, lemands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter I develop or accrue in favor of myself, my heirs, representatives or dependents on account of or by reason of any injury, loss, damage, which may be suffered by me or them or any of them or to any property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, egligence or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury, or lamage which may occur through or by any reason or matter, thing or condition, negligence or default, or any erson whatsoever. By my signature below, I acknowledge that I meet the criteria for eligibility to compete in he classes entered according to the guidelines set forth in the NRCHA rulebook.				v Horse I claims,	Day Fee: (\$30 Per horse / day – max 3)							
				account r to any	Drug Fee: (MANDATORY IN CA)					\$	14.00	
				Membership Fees: SCRCHA \$35								
				Late Fee After 5/3: \$30/Show								
Date:				Late Lee Aitel 3/3. \$30/3110W								
Stall With:Person Responsible for Payment:				Email to: SoCalRCHA@aol.com								
Exhibitor Signature:				Or mail (ONLY IF YOU HAVE TO): Kelley Hartranft / 416 Navajo Trail / Lake Kiowa TX 76240								
Parent/Guardian Signature: Exhibitors 18 & under)												