

COW HORSE KICK OFF



Office Opens 7:00 am / Start at 8:00am											
NRCHA / SCRCHA / AQHA Tucalota Creek Ranch 39560 E Benton Rd, Temecula, CA 92592											
	Horse	& Ov	vner Info	mation							
Horse's Name:											
Registration #:			Year Foaled:			Sex:	S	M	G		
Owner's Name:			Horse Sire								
Owner's Street Address:				Horse Dam:							
Owner's City:			Owner's State: Owner's Zi						p:		
Best Contact Phone:			Email:								
NRCHA #:			AQHA: SSN or TIN#								
Rider # 1 Information											
Rider 1 Name:			Birthday:///				State:				
At Show Phone:				Email:					'		
NRCHA#:	AQHA:					SSN or TIN#					
Herd Work / Ranch Riding Cow Horse S			1OW #1 /	1 / SPECs			Cow Horse SHOW #2				
CLASS NUMBERS C			LASS NUMBERS			CLASS NUMBERS					
			1								
Rider # 2 Information											
Rider 2 Name:		//									
NRCHA #: AQHA:				SSN or TIN#							
Herd Work / Ranch Riding	IOW #1 /	/ SPECS Cow Horse SHOW #2									
CLASS NUMBERS		LASS	NUMBERS		CLASS NUMBERS						
MROPT ANT INCODMATION											
MPORTANT INFORMATION! PLEASE provide a copy of horse's registration papers, owner's and rider's NRCHA,				Stalls \$ 140 (includes 2 bags shavings)							
QHA card if you have not shown with us.				RV - \$60 per night							
RELEASE & WAIVER: I, the undersigned, hereby release the Southern California Reined Cow Horse association, Tucalota Creek Ranch, their officers, members, agents, employees, representatives from all claims,				Day Fee: (\$30 Per horse / day – max 2)							
emands, 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 f or by reason of any injury, loss, damage, which may be suffered by me or them or any of them or to any									•	14.00	
roperty, 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				Drug Fee: (MANDATORY IN CA)					Φ	14.00	
amage 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 so				Membership Fees: SCRCHA \$35							
ne classes entered according to the guidelines set forth in the NRCHA rulebook.				Late Fee After 12/29: \$30/Show (max 1)							
oate:											
stall With:					Ensail	to: \$-C			l com		
Person Responsible for Payment:				Email to: SoCalRCHA@aol.com							
exhibitor Signature:				DO NOT MAIL – Kelley will be at Sun Circuit Email or text 714-267-5912 if you have trouble							

Parent/Guardian Signature: _____(Exhibitors 18 & under)