



# WOODSIDE SLIDE

**NAME OF PERSON RESPONSIBLE FOR THIS HORSE'S FEES:**

Please send earnings (if applicable) to Owner \_\_\_\_\_ Trainer \_\_\_\_\_ If not owner then SS# of trainer \_\_\_\_\_

NAME OF GROUP FOR STALLS:

**HORSE INFORMATION - as it appears on NRHA COMPETITION LICENSE - complete one entry per horse**

REGISTRATION NAME: \_\_\_\_\_ NRHA COM LIC # \_\_\_\_\_

SEX: M G S FOAL YEAR \_\_\_\_\_ TRAINER: \_\_\_\_\_

**OWNER INFORMATION - as it appears on NRHA COMPETITION LICENSE - SS# or Tax ID must be on file to receive payout checks**

NAME: \_\_\_\_\_ NRHA # \_\_\_\_\_ EXP DATE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SS#/TAX ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EXHIBITOR INFORMATION (date of birth required for PRIME TIME, MASTERS and YOUTH CLASSES)**

#1 NAME	DOB	#2 NAME	DOB
NRHA #	Expires	NRHA #	Expires
CARD TYPE: Pro Non Pro Associate(green riders only)		CARD TYPE: Pro Non Pro Associate(green riders only)	
Relationship to Owner:		Relationship to owner:	
CLASS NUMBERS		CLASS NUMBERS	

By signing below, 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:

Print Name	ADMIN FEE	\$85.00
Signature	NRHA MEDS FEE:	\$35.00
Please complete the following section if you want to pay by cc: <b>Name on Card:</b>	CA STATE DRUG FEE:	\$14.00
	VIDEO/PHOTO:	\$50.00
<b>Card #:</b>	RHF DONATION	OPT OUT? CK HERE _____ \$10.00
<b>Exp Date:</b> _____ <b>CVV Code:</b> _____		
<b>Billing Zip Code:</b> _____	LATE FEE:	See Terms and Conditions
Signature: _____	STABLING/HAUL IN	See Terms and Conditions
Date: _____		
Hold For Check: _____		
Save for future use: _____		

notes for show if needed: