2018 PCCHA NCHA Class Entry Form

NAME OF HORSE: _____

REG. # _____ SEX: _____ YEAR FOALED: _____

SIRE: _____ DAM: _____

(A photo copy of Registration papers, Current NCHA & PCCHA memberships cards must be included with entry)

OWNER: _____ NCHA#: _____

ADDRESS: _____ PCCHA #: _____

CITY/STATE/ZIP: _____ *SSN/TAX ID: _____

PHONE - FAX #: _____ EMAIL: _____

RIDER: _____ NCHA#: _____

ADDRESS: _____ PCCHA #: _____

CITY/STATE/ZIP: _____ *SSN/TAX ID: _____

PHONE - FAX#: _____ EMAIL: _____

Make premium checks payable to: _____

*The Internal Revenue Service requires us to withhold income tax on premium monies won at a rate of 31% on all taxpayers who do not provide a Taxpayer Identification Number (Social Security No. or Fed ID No.) Please be sure to provide this on your entry form.

	NCHA Classes :	
☐	Open #1 - NCHA $1000 Added - June 11th	$550
☐	Non-Pro #1 - NCHA $1000 Added - June 11th	$550
☐	$50,000 Amateur #1 - NCHA $1000 Added - June 10t	$550
☐	Open #2 - NCHA $1000 Added - June 12th	$550
☐	Non-Pro #2 - NCHA $1000 Added - June 12th	$550
☐	$50,000 Amateur #2 - NCHA $1000 Added - June 13t	$550
☐	Open #3 - NCHA $1000 Added - June 14th	$550
☐	Non-Pro #3 - NCHA $1000 Added - June 14th	$550
☐	$50,000 Amateur #3 - NCHA $1000 Added - June 14t	$550
☐	Mercuria Open - $25,000 Added	$1,000
☐	Mercuria Non-Pro - $25,000 Added	$1,000
☐	Unlimited Amateur Any Age - $10,000	$1,000

****** ALL Entries Due June 10th by 2:00pm***

(Post entries accepted - Pending availability of Cattle)

STALL RESERVATIONS:

Please use separate Stall Reservation Form

Please check the Payment Schedule for breakdown for entry fee deadlines and late fees adjustments.

Payment Enclosed: _____

Please Make Checks Payable to: PCCHA

WARRANTY, RELEASE & WAIVER

I, the undersigned, warrant that the horse and rider entered herewith meet all the rules of eligibility of the event hereby entered. I hereby release the Pacific Coast Cutting Horse Association, their officers, members, agents, employees, representatives or any of them, of and from all claims, demands, action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue to me in favor of myself, my heirs, representatives or dependents on account of, or by reason of any injury, loss or damage which may be suffered by me 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, negligence, or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury, or damage which may occur through or by any reason or any matter, thing or condition, negligence or default, or any person whatsoever. Signature:_____

FED EX Address: PCCHA, 13296 E. Hwy 88, Lockeford, CA 95237

MAILING Address: PCCHA, P.O. Box 108, Lockeford, CA 95237

PHONE: (209) 727-5779 - FAX: (209) 727-5743