



Event Approval Summary Form

EVENT NAME: _____

START DATE: _____ END DATE: _____

START TIME: _____

FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ ZIP: _____

REGION: _____ (Country show is held for International shows/Region for North American)

EVENT LEVEL (please check one): D C B BB A AA

Please return all forms to: NRHA - Show Department
3021 W. Reno
Oklahoma City, OK 73107-5302
Phone: (405) 946-7400
Fax: (405) 946-8425

I hereby agree to adhere to, and abide by the NRHA Rules and Regulations, and do guarantee all prize monies to exhibitors within 45 days after the completion of this event, as well as, agree to forward results to NRHA within 10 days after the completion of this event.

NRHA allows legal entities or individuals to be responsible for the payment of all show related fees and/or show related fines owed to NRHA resulting from an approved NRHA show. This form is used to document the legal entity or individuals responsible for payment for the show or event noted on this form, it is critical for this section to be completed properly, the legal entity or individual responsible for payment as documented on this form is subject to suspension by NRHA for non-payment of all show related fees and/or show related fines owed to the NRHA. An individual who signs on behalf of a legal entity, who is not legally authorized to do so, will be held individually liable for all show related fees and/or show related fines owed to the NRHA.

We acknowledge that because these rules have been established on the basis of experience and fairness to all who are interested in the betterment of reining horse competitions, the undersigned therefore agrees to indemnify and hold harmless the NRHA for any injuries, damages or claims, of whatever nature, arising from the performances conducted under the NRHA Rules and Regulations.

Legal Entity responsible for payment to NRHA and compliance with all NRHA Rules and Regulations: (must check box)

- Individual/Sole Proprietor Corporation Partnership Limited Liability Company
 Affiliate (Direct Billing Contact) IAP

Name of Legal Entity or Individual responsible for payment: _____

Address: _____

State/Country: _____ Postal Code: _____ Phone: _____

Signature: _____

Print Name: _____ Date: _____

EVENT MANAGEMENT

Show Representative: Name _____ NRHA ID # _____

(if event is an AA event, the representative must be an NRHA Steward)

Show Secretary: Name _____ NRHA ID# _____

Email _____

Phone Number _____ Cell Phone Number _____

Show Manager: Name _____ NRHA ID # _____

Email _____

Phone Number _____ Cell Phone Number _____

Trophy Ship To Info: Name _____

Attention _____ NRHA ID # _____

Address _____

City _____ State/Country _____ Zip/Postal Code _____

Trophies should arrive approximately 2 weeks prior to your event. Please inspect them upon receipt.

Event Approval Contact: Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name _____ NRHA ID# _____

Phone Number _____ Email _____

Event Results Contact: Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name _____ NRHA ID# _____

Phone Number _____ Email _____

Stall Reservations: Same as • Show Secretary • Show Manager OR • Other (please fill in info below if mark "other")

Name _____ NRHA ID# _____

Phone Number _____ Email _____

Videographer:

(required for A or AA events):

Name _____ NRHA ID# _____

Phone Number _____ Email _____

Event Website: _____

Horse Show Office #: _____ Fax _____

Event Classification

TOTAL ADDED MONEY

Show/Slate 1	
Show/Slate 2	
Show/Slate 3	
Show/Slate 4	
Show/Slate 5	
TOTAL	

Payment Information

Credit Card Information

VISA • MasterCard • American Express • Discover

_____ - _____ - _____ - _____

Expiration Date: ____ / ____

CSV code: ____

Name as it appears on card: _____

Signature: _____

Please check the boxes for the items you would like to charge to the credit card:

NOTE: Not all charges will occur in one transaction.

- Trophies
- Shipping
- Application Fee
- Late Show Fee
- NRHA 5% Fee

Trophy Information:

NRHA SHOWS HELD INTERNATIONALLY ARE RESPONSIBLE TO PAY FOR THE SHIPPING, DUTY AND TAXES OF ANY TROPHIES ORDERED!!

Purse Deduction*- The total amount shows will use when figuring payback calculations.

US Trophy Cost

Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$320	\$40	\$360	\$360
Morrison	\$215	\$25	\$240	\$240
Pewter	\$115	\$20	\$135	\$135
Plaque	\$47	\$15	\$62	\$62
Freestyle	\$250	Actual	Varies	\$250

US Trophy Plates Only **

Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$15	\$15	\$30	\$30
Morrison	\$15	\$15	\$30	\$30
Pewter	\$15	\$15	\$30	\$30
Plaque	\$15	\$15	\$30	\$30
Freestyle	\$15	\$15	\$30	\$30

International Trophy Cost

Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$320	Actual	Varies	\$360
Morrison	\$215	Actual	Varies	\$240
Pewter	\$115	Actual	Varies	\$135
Plaque	\$47	Actual	Varies	\$62
Freestyle	\$250	Actual	Varies	\$250

International Trophy Plates Only **

Trophy Type	Trophy Cost	Shipping Cost	Total Cost	Purse Deduction*
Lawson	\$15	Actual	Varies	\$30
Morrison	\$15	Actual	Varies	\$30
Pewter	\$15	Actual	Varies	\$30
Plaque	\$15	Actual	Varies	\$30
Freestyle	\$15	Actual	Varies	\$30

**When ordering plates only place \$30 in the trophy fee for the each class on the slate approval form.

Slate 1 Show Approval Information:

Type of Slate: (please check only one)

- Ancillary Aged National FEI Breed Restricted Freestyle Jackpot Affiliate Show Entry Level

Affiliate Circuit Show Information:

****Note: This is applicable for Ancillary slates only.**

Affiliate Name: _____

Affiliate Name: _____

Judges

Name: _____ NRHA ID# _____

Name: _____ NRHA ID# _____

Name: _____ NRHA ID# _____

Name: _____ NRHA ID# _____

Name: _____ NRHA ID# _____

Name: _____ NRHA ID# _____

Specifications:

Entry Closing Date _____

Post Entries _____

Late Entry Closing Date _____

Restrictions (Categories 4,6,8 Only)

Additional Information

Non NRHA Approved Classes

NRHA judges who judge unapproved reining classes will be subject to an Investigative Judge Review. Exceptions to this rule may be found in the NRHA Handbook or by contacting the NRHA office.

Other Options – AGED EVENT CLASSES ONLY

- Horses are to be shown one handed
- Horses are to be shown one handed or may show two handed in a snaffle bit or hackamore
- Horses may be shown one or two handed in any legal bridle and may switch hands at any time during the class
- Horses may be shown one or two handed in any legal bridle and may not change hands or switch from one to two hands
- Junior horses _____ (age) & under may show two handed in snaffle bit or hackamore
- Other (please describe)

Payback Schedule: (Applicable for aged event/national/FEI shows only)

- A B Other (please attach payback model)



European Testing Kits Order Form

Date: _____

Event Name: _____

Event Address: _____

City: _____ Zip: _____

Country: _____ Start date of event: _____
(Send in a copy of the show schedule with this form.)

Show Number(s): _____

Number of expected horses at the Event: _____

Number of NRHA medication test kits needed at Event: _____ (= number of horses / 20)

Name of show secretary: _____ NRHA ID: _____

Phone: _____ E-mail address: _____

Name of show manager: _____ NRHA ID: _____

Phone: _____ E-mail address: _____

Invoice information for testing:

Name of legal entity or individual responsible for payment: _____

Address: _____

City: _____ Zip: _____

Country: _____

Phone: _____ E-mail address: _____

Name and Signature of responsible person: _____

Mail this form to euromedications@nrha.com no later than two (2) weeks before the starting day of the event.