



2024 NCHA SUMMER - AMATEUR ENTRY FORM

MUST BE POSTMARKED BY DUE DATE

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Foaled in 2018, 2019, 2020

For the full list of eligibility, conditions & payment schedule please visit, <https://www.nchacutting.com/events/summer-spectacular>

1. **1ST PAYMENT POSTMARK DATE APR 22, 2024** 2. **2ND PAYMENT POSTMARK DATE MAY 22, 2024**

CLASS	ENTRY FEE	DUE: PRIOR TO START OF GO 1				TOTAL
		Senior	Gelding	Chrome Cash	10K Novice	
AMATEUR LTE: \$100,000 or more	1. ___\$650 2. ___\$1,171* Total with Two Payments: \$1,821	___\$600	___\$600	___\$600	___\$600 (4 year old only)	
INTERMEDIATE AMATEUR LTE: \$25,001- \$99,999	1. ___\$545 2. ___\$1,066* Total with Two Payments: \$1,611	___\$600	___\$600	___\$600		
LIMITED AMATEUR LTE Cap: \$25,000	1. ___\$345 2. ___\$871* Total with Two Payments: \$1,216	___\$600	___\$600	___\$600		
COMBO ENTRY: AMATEUR + INT + LIMITED	1. ___\$1,540 2. ___\$1,476* Total with Two Payments: \$3,016					
COMBO ENTRY: AMATEUR + INTERMEDIATE	1. ___\$1,195 2. ___\$1,421* Total with Two Payments: \$2,616					
COMBO ENTRY: AMATEUR + LIMITED	1. ___\$995 2. ___\$1,226* Total with Two Payments: \$2,221					
COMBO ENTRY: INTERMEDIATE + LIMITED	1. ___\$890 2. ___\$1,121* Total with Two Payments: \$2,011					

(Combination entries ride to the herd one time, score counts for each level entered. Office fee applied only once to combination entries)

*\$20 PAC Fee included: Under Texas Election Code, Chapter 253, the Political Action Committee (PAC) fee is a voluntary contribution. Funding the PAC is important to be able to maintain state funding at the NCHA Triple Crown events. Your contribution will provide critical assistance to the NCHA with this effort. T opt out of the PAC fee, submit your payment without the amount indicated as the PAC fee for your class.

Rider #: _____ Rider Name: _____

Horse Name: _____ Horse Registration #: _____

Owner #: _____ Owner Name: _____

Owner Street Address: _____

Owner City, State, Zip: _____

Best Contact Phone: _____ Email: _____

☐ Yes, Please Subscribe me to text updates. Mobile/Cell # _____

Correspondent: _____

Address: _____

City / State / Zip: _____

Best Contact Phone: _____ Email: _____

RELEASE FROM LIABILITY AND WAIVER OF RESPONSIBILITY: As a condition to participate in this event, the NCHA, the directors, officers, employees, members, agents and representatives are hereby released from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, on account of any damage, cost or expense (i) As a result of any bodily injury, loss or damage to any animals, equipment or other personal property, from any cause whatsoever including, but not limited to, the sole or concurrent negligence of NCHA, its directors, officers, employees, agents or representatives; or (ii) as a result of the interpretation or enforcement of the NCHA constitution, bylaws, rules or regulations and the risk of any such damage, cost or expense which may occur by reason of forgoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of the horse (s) described herein in this event and the undersigned indemnifies the NCHA from all claims, demands, or causes of action based on any of the foregoing. Both owner and rider of any horse entered in an NCHA produced event, by said entry, consents to the implementation of any action allowed by Standing Rule 35.a, Zero Tolerance by either show management or judge.

☐ I agree to all rules, terms and conditions included in the show Rules published on nchacutting.com

Signature: _____

Parent / Legal Guardian: _____

If contestant is under 21 years of age both contestant and parent or legal guardian must sign this form

Print Name: _____

*ALL payments received by NCHA are assessed a Non-Refundable Transaction Fee of 3%. NCHA will waive the fee if payment is submitted by check, Wire Transfer or ACH/E-check.

____ Pay With Check (Enclosed) ____ Pay With Credit Card*
(MC / Visa / AmEx / Discover)

Card Number: _____

Name on Card: _____

Billing Street Address: _____

Billing Zip Code: _____ Exp Date: _____ CVV: _____