

Print Name: _

2026 NCHA SUPER STAKES – NON-PRO ENTRY FORM

MAILED ENTRIES MUST BE POSTMARKED BY DUE DATE

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

Phone: 817-244-6188 | Fax: 817-244-2015 | Email: entries@nchacutting.com

Foaled in 2020, 2021, 2022

For the full list of eligibility, conditions & payment schedule please visit, https://www.nchacutting.com/events/superstakes
1. 1ST PAYMENT DUE DATE JAN 15, 2026
2. 2nd PAYMENT DUE FEB 16, 2026

CLASS	ENTRY FEE	DUE.	DUE. PRIOR TO SPINI DAY BEFORE START OF GO I					
		Senior	Youth	Gelding	Chrome Cash	10K Novice	TOTA	
ION-PRO / INTERMEDIATE* uto Entry into Intermediate if eligible	1\$1,300 2\$2200 Total with Two Payment \$3,500		\$600	\$600	\$600	\$600 (4 year old only)		
INTERMEDIATE NON-PRO SUB CLASSES LTE: \$150,001-\$499,999	*Eligible Riders will be automation entered for no additional fee. sub-classes must be entered separately.	But \$600	\$600	\$600	\$600			
LIMITED NON-PRO LTE Cap: \$150,000	1\$600 2\$1,065 Total with Two Payment \$1,665 er combos – to enter both No	\$600		\$600	\$600 hoth seni	arately		
There are no longe		des into the he		ro, circi	воит эср	iratery.		
able to maintain state funding at the N	ection Code, Chapter 253, the Political Acti CHA Triple Crown events. Your contribution unt indicated as the PAC fee for your class.	n will provide critical a		-	_			
Rider #:	Rider Name: (REQ	UIRED)						
Horse Name:		H	orse Regi	stration #	:			
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:					be 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.			
Best Contact Phone:	Email:				•			
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		Card Number:	ay With Check (Enclosed)			(MC / Visa / AmEx / Discover)		
of any such damage, cost or expense which may occ and accepted. This waiver is binding on the undersig helpers associated with the participation of the hor undersigned indemnifies the NCHA from all claims, the foregoing. Both owner and rider of any horse ex	gned as well as all riders, grooms and other se (s) described herein in this event and the demands, or causes of action based on any of		on Card:					
entry, consents to the implementation of any action Tolerance by either show management or judge are	on allowed by Standing Rule 35.a, Zero	Billing Zip Code:		Exp Date	<u>:</u> :	CVV:	,	
I agree to all rules, terms and cond published on nchacutting.com	itions included in the show Rules							
Make Checks Payable to: Owner Rider Other Name:					(W-9 Required for all payees)			
Signature:	Parent /	Legal Guardian: _						
	If co	ontestant is under 21 years of	age both contesta	nt and parent or le	gal guardian must	sign this form		