



Date: \_\_\_\_\_

**Name of Show:** \_\_\_\_\_

Horse: \_\_\_\_\_

NRHA License # \_\_\_\_\_

Owner: \_\_\_\_\_

ORHA # \_\_\_\_\_

OEF # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Rider: \_\_\_\_\_

NRHA # \_\_\_\_\_

Address: \_\_\_\_\_

ORHA # \_\_\_\_\_

Phone Number: \_\_\_\_\_

OEF # \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**I The Undersigned** ; am familiar with the risk of injury and / or death that any participant in this activity must assume, and I

believe that I am physically , emotionally and mentally able to participate in this activity, and that my equipment is mechanically fit for my use in this activity. I also understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me. Futhermore, I understand that conduct of all persons present at ORHA,RC,NRHA events shall be orderly, responsible, sportsmanlike and humane in the treatment of horses.

I Agree to images being taken by the Show Photographer and understand that the Photographer and / or the Ontario Reining Horse Association may use these copyrighted images in advertising and promotional materials. All usage of photographs requires written approval from the Show Photographer

I also understand that unsportsmanlike or irresponsible conduct or any other form of illegal, indecent activity or profane language and the inhumane treatment of horses - as determined by the show organizer / management - is prohibited and shall be grounds for disciplinary action including removal from the event. In addition, if I am requested to leave by event organizers \ management I agree to do so immediately and will receive a refund of unused fees paid.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be signed by a parent or guardian if the rider is under 18 years of age**

Signature of Parent : \_\_\_\_\_

Date: \_\_\_\_\_

***Any Entry Form not completed properly will Not Be ACCEPTED***

Horse Show Number

Horse License # \_\_\_\_\_

Owner NRHA # \_\_\_\_\_

Rider NRHA # \_\_\_\_\_



Office Use	Slate1	Slate 2	
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Green as Grass
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Green As Grass Youth
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Green as Grass Non Member
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Beginner
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Advanced Beginner
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Green Horse
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Ladies
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Mens
___/___	<input type="checkbox"/>	<input type="checkbox"/>	ORHA Youth
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Youth 13
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Youth 14
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Rookie 1
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Rookie 2
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Rookie Prime Time
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____

Office Use	Slate1	Slate 2	
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Novice Horse Open Level 1
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Novice Horse Open Level 2
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Novice Horse Non Pro Level 1
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Novice Horse Non Pro Level 2
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Non Pro
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Intermediate Non Pro
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Limited Non Pro
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Prime Time Non Pro
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Open
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Intermediate Open
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Limited Open
___/___	<input type="checkbox"/>	<input type="checkbox"/>	NRHA Rookie Pro
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____
___/___	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please place your initial in the Left hand box for First Show Day entries ( Slate 1 )

And place your initial in the Right hand box for Second Show Day entries ( Slate 2 )