



2019 A.R.H.A Scottsdale Reining Futurity and Maturity Entry Form



HORSE INFORMATION as it appears on Registration Papers/Competition License

Registered Name: _____ Registration #: _____ NRHA Comp. Lic #: _____ Sex: M G S Foal Yr: _____
 Sire: _____ Dam: _____ Trainer: _____

OWNER INFORMATION as it appears on Registration Papers

** SSN or TIN Must Be On File To Receive Payout Checks

	Name	ARHA Member	NRHA #	Exp Date	AHA #	Exp Date	Phone #	SS # or TIN for Winnings
Owner		Yes No						
Co-Owner		Yes No						

ADDRESS: _____ CITY, STATE, ZIP: _____ E-Mail Address: _____

EMERGENCY CONTACT Name: _____ Phone Number: _____ Relationship: _____

EXHIBITOR INFORMATION **Date of Birth (DOB) required for Primetime

#1 NAME:	DOB:	#2 NAME:	DOB:	<p>Entries are due by: 12/31/2018: Please Complete Form; Include copied of papers and cards and Mail, or email to: ARHA Futurity/Maturity 28618 N 53rd St, Cave Creek, AZ 85331 Email: emailmyentries@gmail.com</p> <p>Please complete the following section if you want to pay by credit card:</p>
AHA #:	Exp Date:	AHA #:	Exp. Date: <input type="checkbox"/> NP	
NRHA #:	Exp. Date: <input type="checkbox"/> Professional <input type="checkbox"/> NP			
ARHA Member:	Yes No	ARHA Member:	Yes No	
Relationship to Owner:		Relationship to Owner:		
Please check boxes that apply:		Please check boxes that apply:		
<input type="checkbox"/> 100 Purebred Level 4 Open Futurity		<input type="checkbox"/> 200 Purebred Non Pro Maturity		
<input type="checkbox"/> 101 Purebred Level 1 Open Futurity		<input type="checkbox"/> 201 Purebred Intermediate Non Pro Maturity		
<input type="checkbox"/> 102 HA/AA Level 4 Open Futurity		<input type="checkbox"/> 202 Purebred Limited Non Pro Maturity		
<input type="checkbox"/> 103 HA/AA Level 1 Open Futurity		<input type="checkbox"/> 203 Purebred Primetime Non Pro Maturity		
<input type="checkbox"/> 104 Purebred Open Maturity				
<input type="checkbox"/> 105 HA/AA Open Maturity		<input type="checkbox"/> 204 HA/AA Non Pro Maturity		
		<input type="checkbox"/> 205 HA/AA Intermediate Non Pro Maturity		
<input type="checkbox"/> Add a \$7 NRHA drug fee to all Futurity Entries		<input type="checkbox"/> 206 HA/AA Limited Non Pro Maturity		
		<input type="checkbox"/> 207 HA/AA Primetime Non Pro Maturity		

Name on Card: _____
 Card #: _____
 Exp. Date: _____ Security Code: _____
 Billing Zip Code: _____
 Signature: _____
 Date: _____

If paying by check make checks payable to: **ARHA**

© Include a copy of owner(s) exhibitor(s) current cards and copy of the horse's registration papers & competition license (if applicable)