

East Coast Reined Cow Horse Classic Bridle Spectacular

Pattern
#8

July 16- July 18, 2010

**\$5000 ADDED
MONEY!**

*Roane State Expo Center, Harriman, TN
Open, Ltd Open, Non Pro, Nov Non Pro, Non Pro Ltd*

Name of Horse _____ Registration # _____

A COPY OF THE HORSE'S REGISTRATION PAPERS AND NRCHA CARDS MUST ACCOMPANY THE ENTRY FEE

Rider Name: _____ SS# _____ NRCHA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Date of Birth (if youth rider) _____ Payout to go to: ___ Owner ___ Rider

Owner Name _____ SS# _____ NRCHA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

I, the undersigned, hereby release the East Coast Reined Cow Horse Classic, and the facility, their officers, members, agents, employees, representatives, or any of them, of and from all claims, demands, actions or cause of action of any kind of nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives, or dependents, on account of or by reason of any injury, loss, or damage, which may be suffered by me or them or any of them or any other property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury, or damage which may occur through or by any reason or matter, thing or condition, negligence or default, or any person whatsoever. By my signature below I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth in the NRCHA Rule Book

I have read and understand the terms and conditions of the event and agree to abide by those terms and conditions and the NRCHA Rule Book for this class & division. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider, and/or agent to the terms and conditions of the Release and Waiver of Liability. I warrant that I am of legal age, or am the parent or legal guardian of the participant named above, and that I have read and fully understand the foregoing terms.

Print Name: _____

Signature: _____ Date: _____

	Check box to indicate which classes entering		
CLASS	ADD BACK	OFFICE/ CATTLE	TOTAL ENTRY
Open Bridle Spectacular <i>(must enter Open Bridle class)</i>	\$250	\$250	\$500
Ltd Open Bridle Spectacular <i>(must enter Ltd Open Bridle)</i>	\$200	\$250	\$450
Non Pro Bridle Spectacular <i>(must enter Non Pro Bridle class)</i>	\$175	\$250	\$425
Nov Non Pro Bridle Spectacular <i>(must enter NNP Bridle)</i>	\$150	\$250	\$400
Non Pro Ltd Bridle Spectacular <i>(must enter NPL classes)</i>	\$150	\$150	\$300

Make Checks Payable to:
 ECRCHC - PO Box 2998
 Cookeville, TN 38502
Paul: (931) 260-3909 - Fax: (931) 738-3337
www.ECRCHC.com
A separate entry form is needed for each horse!
Open check is required at time of check in!

PAYMENT DUE DATE: July 5
\$50 Late Fee if postmarked July 6-10
\$100 Late Fee from 7/11 to 7/14 noon

ENTRY FEE TOTAL:	
Video Fee:	\$20
NRCHA Fee: () x \$8 per division	
Stall/Tack: () x \$110 per stall	
Shaving: () x \$7 per bag <i>(no outside shavings)</i>	
Camper Hookup: () x \$25 per day	
Day Charge with no stall: () x \$20 per day	
Herd Work Paid Practice: () x \$75 must be prepaid \$90 if not	
Rein Work Paid Practice: () x \$25 per run	
Cow Work Paid Practice: () x \$35 per run	
Late Fee:	
GRAND TOTAL:	