



2026 NCHA FUTURITY ENTRY FORM

NON-PRO

MUST BE **IN OFFICE** BY DUE DATE – Late Fees Apply After Due Date

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

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

For Foals of 2023

For the full list of terms & conditions, payment schedule & penalties please visit: <https://www.nchacutting.com/events/futurity>

Please Submit 1 Entry Form Per RIDER. Entries not accepted without payment. All Late payments are assessed a penalty.

INDICATE ENTRY TYPE AND PAYMENT IN THIS SECTION

DIVISION	PAYMENT DATES – DUE IN OFFICE	SENIOR or YOUTH	GELDING	CHROME CASH
NON-PRO \$3,755* Total \$3,387* if paid in full by Nov 17, 2025	1. Nov 17 ___\$200 2. Jan 9 ___\$500 3. Aug 26 ___\$900 4. Oct 2 ___\$2,155*	1 st payment due Nov 17, 2025 OR pay in full prior to Nov 17 ___\$3,387*	Non-Pro ___\$600 Int. Non-Pro ___\$600 Ltd. Non-Pro ___\$600	Non-Pro ___\$600 Int. Non-Pro ___\$600 Ltd. Non-Pro ___\$600

*75 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. To opt out of the PAC fee, submit your payment without the amount indicated as the PAC fee for your class.

Rider #: _____ Rider Name: _____

For Named Entries (entries made with both rider name AND horse name)

Horse Name: _____ Horse Registration #: _____

Owner #: _____ Owner Name: _____

Owner Street Address: _____

Owner City, State, Zip: _____

Best Contact Phone: _____ Email: _____

Correspondent: _____

Address: _____

City / State / Zip: _____

Best Contact Phone: _____ Email: _____

**Named Non-Pro
Entries must provide
horse's registered
name & number to
the office by August
26, 2026. Horses
entered or named
after that date must
provide information at
time of entry.**

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 and Standing Rule 35A Medication Policy.

____ 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: _____

*** 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.**

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

Make Checks Payable to: ☐ Owner ☐ Rider ☐ Other Name: _____ (W-9 Required for all payees)

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: _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) National Cutting Horse Association 260 Bailey Ave Fort Worth TX 76107
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	---------------------------------	-------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they