



# 2024 NCHA SUPER STAKES – NON-PRO ENTRY FORM

MUST BE POSTMARKED BY DUE DATE

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

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

## Foaled in 2018, 2019, 2020

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

1. **1<sup>ST</sup> PAYMENT POSTMARK DATE JAN 16, 2024**
2. **2<sup>ND</sup> PAYMENT POSTMARK DATE FEB 15, 2024**

CLASS	ENTRY FEE	DUE: PRIOR TO START OF GO 1				TOTAL
		Senior	Gelding	Chrome Cash	10K Novice	
<b>NON-PRO / INTERMEDIATE<sup>+</sup></b> Auto Entry into Intermediate if eligible	1. ___\$1,250 2. ___\$2,050* <b>Total with Two Payments: \$3,300</b>	___\$600	___\$600	___\$600	___\$600 (4 year old only)	
<b>INTERMEDIATE NON-PRO SUB CLASSES</b> LTE: \$100,001-\$499,999	<sup>+</sup> Eligible Riders will be automatically entered for no additional fee. But sub-classes must be entered separately.	___\$600	___\$600	___\$600		
<b>LIMITED NON-PRO</b> LTE Cap: \$100,000	1. ___\$600 2. ___\$968* <b>Total with Two Payments: \$1,568</b>	___\$600	___\$600	___\$600		
<i>There are no longer combos – to enter both Non-Pro and Limited Non-Pro, enter both separately. It requires 2 rides into the herd.</i>						

\*\$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: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Horse Registration #: \_\_\_\_\_

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: \_\_\_\_\_

**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.**

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

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: \_\_\_\_\_

**\*ALL payments received by NCHA will 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.**

\_\_\_ 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: \_\_\_\_\_