



2026 NCHA SUPER STAKES – OPEN ENTRY FORM

MAILED ENTRIES MUST BE POSTMARKED BY DUE DATE

Mailing Address: 260 Bailey Ave Fort Worth, TX 76107

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

Foaled in 2020, 2021, 2022

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

1. **1ST PAYMENT DUE DATE JAN 15, 2026** 2. **2ND PAYMENT DUE DATE FEB 16, 2026**

CLASS	ENTRY FEE	DUE: PRIOR TO 3PM DAY BEFORE START OF GO 1				TOTAL
		Senior	Gelding	Chrome Cash	10K Novice	
OPEN / INTERMEDIATE OPEN* Auto Entry into Int. if Eligible	1. ___\$1,450 2. ___\$2,315* Total with Two Payments: \$3,790	___\$600	___\$600	___\$600	___\$600 (4 year old only)	
INTERMEDIATE OPEN SUBCLASSES LTE: \$ 200,001-\$749,999	*Eligible Riders will be automatically entered for no additional fee. But sub-classes must be entered separately.	___\$600	___\$600	___\$600		
LIMITED OPEN LTE Cap: \$200,000	1. ___\$600 2. ___\$1,105* Total with Two Payments: \$1,695	___\$600	___\$600	___\$600		
<i>Entry into the OPEN and LIMITED OPEN must be done separately. It requires 2 rides into the herd.</i>						

*\$100 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.

Horse Name: (REQUIRED) _____ Horse Registration #: _____

Rider #: _____ Rider Name: _____

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 foregoing 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.

☐ 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: _____

*** 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: _____