

2019 Cascades Futurity NCHA SHOW

Redmond, OR

August 9 - 18, 2019

www.cascadesfuturity.com

Owner: _____ NCHA #: _____ Phone: (_____) _____

Address: _____ Email: _____

City/State/Zip: _____ NCHA #: _____ Phone: (_____) _____

Make Premium Checks Payable To: _____ **SSN or EID #** _____

The Internal Revenue Service requires us to withhold income tax on premium monies won at a rate of 31% on all taxpayers who do not provide a Taxpayer Identification Number (Social Security No. or Fed ID No.). Please be sure to provide this on your entry form.

NCHA EVENT FORM.....One Entry Form Per Horse

< Registration Papers Required >

Horse Name: _____ **Year Foaled:** _____

OPEN RIDER: _____

NP/AMATEUR RIDER: _____

NCHA Show #1	Added	Entry Fee
Open	\$1,000	\$380
Senior World Tour		\$20
Non-Pro	\$1,000	\$380
Senior World Tour		\$20
\$50,000 Amateur	\$1,000	\$380
Senior World Tour		\$20
\$25,000 Novice	\$1,000	\$380
Senior World Tour		\$20
NCHA Show #2		
Open	\$1,000	\$380
Senior World Tour		\$20
Non-Pro	\$1,000	\$380
Senior World Tour		\$20
\$50,000 Amateur	\$1,000	\$380
Senior World Tour		\$20
\$25,000 Novice	\$1,000	\$380
Senior World Tour		\$20
NCHA Show WAY OUT WEST Cutting Series 1st Leg		
Open	\$10,000	\$850
Senior World Tour		\$20
Non-Pro	\$10,000	\$850
Senior World Tour		\$20
\$50,000 Amateur	\$10,000	\$850
Senior World Tour		\$20
Vern Weible Youth Scholarship Cutting		
Senior Youth Saturday		\$95
Junior Youth Saturday		\$95
Senior Youth Sunday		\$95
Junior Youth Sunday		\$95

*\$2,500 Scholarships Monies each day
Pro-rated between Jr and Sr Youths*

Stall Information:

(Tack Stalls Required)

Total Stalls Needed: _____ x _____
 On or Before July 15th \$175
 After July 15th \$200
 \$ _____

Stall with: _____

Entry Fees: _____

Per show horse: _____
 Turn back Stall Fee \$10 \$10

Total Amount Due: \$ _____

Make checks payable to:
Cascades Futurity
 c/o Kathy Cardon - P.O. Box 163, Caliente, CA 93518
Please do not mail after August 1, 2019

Visa/MC# _____ - _____ - _____ - _____
 Expires ____/____/____ CVC _____ (3 digits on back)
 Billing Address Zip: _____
Please Print:
 Cardholder's Name: _____
 (3.5% credit card processing fee)

For additional information --- Please contact Kathy Cardon:
 Phone: 661-342-0575 email: calientexyz@gmail.com

