

2021 Cascades Futurity NCHA SHOW

Redmond, OR

August 14-22, 2021

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 >

Entries due the day before by 2 pm.

Horse Name: _____

Year Foaled: _____

NCHA Show #1	Added	Entry Fee	
			Open
	\$1,000	\$385	Senior World Tour
		\$20	
			Non-Pro
	\$1,000	\$385	Senior World Tour
		\$20	
			\$50,000 Amateur
	\$1,000	\$385	Senior World Tour
		\$20	
NCHA Show #2			
			Open
	\$1,000	\$385	Senior World Tour
		\$20	
			Non-Pro
	\$1,000	\$385	Senior World Tour
		\$20	
			\$50,000 Amateur
	\$1,000	\$385	Senior World Tour
		\$20	
NCHA Show WAY OUT WEST Cutting Series 1 Go & Finals			
			Open
	\$10,000	\$855	Senior World Tour
		\$20	
			Non-Pro
	\$10,000	\$855	Senior World Tour
		\$20	
			\$50,000 Amateur
	\$10,000	\$855	Senior World Tour
		\$20	

OPEN RIDER: _____

NP / AMATEUR RIDER: _____

Stall Information:

(Tack Stalls Required)

Total Stalls Needed: _____ x _____

On or Before August 2nd \$190

After August 2nd \$215

\$ _____

Stall with: _____

Entry Fees:



Per show horse:

Turn back Stall Fee \$15

\$15

Total Amount Due: \$ _____

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*

Make checks payable to:
Cascades Futurity
c/o Kathryn Webb, 7493 N. 9150 W., Lehi, UT 84043
Please do not mail after August 5, 2021

For additional information --- Please contact Kathryn Webb:
Phone: 801-380-4031 email: kwebb50@msn.com

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