

# 2021 El Rancho Futurity & Foothill Fiesta Aged Event

Rancho Murieta, California

September 9 - 19, 2021

www.elranchofuturity.com

Owner: \_\_\_\_\_

NCHA #: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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.

## WAY OUT WEST / NCHA EVENT FORM.....One Entry Form Per Horse

< Registration Papers Required >

Horse Name: \_\_\_\_\_

OPEN RIDER: \_\_\_\_\_

NP/AM RIDER: \_\_\_\_\_

Per show horse:

California Drug fee \$8

Turn back Stall Fee \$10

\$18

**This horse needs a stall:**

Before August 23th \$175

After August 23th \$200

(all stalls include 4 bags shavings)

**WOW Entries Due Sept. 8, 2021**

### YOUTH SCHOLARSHIP CHALLENGE

JUNIOR - Sunday 9/12		\$95
SENIOR - Sunday 9/12		\$95
INTERVIEW ONLY		N/C

Stall with: \_\_\_\_\_

**This horse will haul in:**

\$20/day per horse

(you may approximate days - any excess will be credited to your account.)

Entry Fees: \_\_\_\_\_

### WAY OUT WEST SERIES

Added Entry Fee

OPEN - Thurs 9/16	\$10,000	\$850
NON-PRO - Thurs 9/16	\$10,000	\$850
\$50,000 AMATEUR - Thurs 9/16	\$10,000	\$850

Total Amount Due: \_\_\_\_\_

\$

### NCHA Classes

Added Entry Fee Show #1 Show #2 Show #3 SWT

Open	\$1,000	\$470	Sun 9/12	Tue 9/14	WOW	
Non-Pro	\$1,000	\$470	Sun 9/12	Tue 9/14	WOW	
\$50,000 Amateur	\$1,000	\$470	Sun 9/12	Tue 9/14	WOW	
JR Youth	JP	\$95	Sun 9/12			
SR Youth	JP	\$95	Sun 9/12			

Make checks payable to: **El Rancho Futurity**

7200 Lone Pine Drive, Rancho Murieta, CA 95683

For additional information --- Please contact the El Rancho Office:

By FAX: 916-354-2638 or Phone: 916-354-2119

Show Secretary: Kathy Cardon

Phone: 661-342-0575 email: calientexyz@gmail.com

Visa/MC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_ (3 digits on back)

Billing Address Zip: \_\_\_\_\_

Please Print:

Cardholder's Name: \_\_\_\_\_

(3.5% credit card processing fee)