



OCTOBER 21-26, 2008

FUTURITY ENTRY FORM

Must be received by October 10, 2008

Draw date October 20, 2008

Please use one form for each horse entered.

Horse _____ COMP LIC # _____ Sex G M S Entry # _____

Owner _____ NRHA # _____ SWRHA # _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Fax # _____

E-mail _____

Rider _____ NRHA # _____ SWRHA # _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Fax # _____

E-mail _____

Trainer (if different from rider) _____

Owner & Rider must be members of SWRHA in order to be eligible for SWRHA awards

Send Payout check to: Owner _____ Rider _____

CHECK BELOW TO ENTER

ADDED MONEY	CLASS NAME	PATTERNS	ENTRY FEE	JUDGES FEE	TOTAL \$ PER CLASS
		GO	FINALS		
<input type="checkbox"/> \$60,000	BILLINGSLEY FORD OPEN	6	5	\$700	\$75
<input type="checkbox"/> \$30,000	INTERMEDIATE OPEN*	6	5	\$400	\$75
<input type="checkbox"/> \$10,000	LIMITED OPEN*	6	5	\$175	\$75
<input type="checkbox"/> \$ 2,000	HARRIS EQUINE OPEN MARE BONUS (must be in Open)	6	5		
<input type="checkbox"/> \$20,000	WINSTAR CASINO NON PRO	6	8	\$300	\$50
<input type="checkbox"/> \$ 7,000	INTERMEDIATE NON PRO*	6	8	\$150	\$50
<input type="checkbox"/> \$ 4,000	LIMITED NON PRO*	6	8	\$125	\$50
<input type="checkbox"/> \$ 1,500	50 & OVER NON PRO*	6	8	\$100	\$50
<input type="checkbox"/> \$ 1,000	HARRIS EQUINE NON PRO MARE BONUS (must be in Non Pro)	6	8		

TOTAL CLASS FEES \$ _____

LATE FEE - \$100 \$ _____
If received after October 10, 2008

OFFICE CHARGE \$ 15

MONITOR FEE \$ 4

STALL FEE \$ _____
See Stall Reservation Form

PAID WARM-UP FEE \$ _____
(\$25.00 per entry - Limit one per Futurity Horse)

SHAVINGS # _____ bags \$ _____
(Shavings will be placed in the stalls. \$8.00 per bag)

TOTAL ENCLOSED \$ _____
ENCLOSED (Check One)

CHECK to SWRHA

VISA or MASTERCARD

COPY OF HORSE PAPERS,

COMPETITION LICENSE

**AND ALL NRHA MEMBERSHIP
CARDS MUST ACCOMPANY ENTRY**

**Mail or fax entry & stall forms to:
SWRHA**

**13181 US Hwy 177, Byars, OK 74831
580-759-2572 Fax 580-759-3999**

Acct # _____

Exp. _____

Name on Card _____

Signature of Card Holder _____

Note: payment by credit card will incur a 5% additional charge to cover credit card fees.

The show management reserves the right to interpret these rules and regulations. All decisions will be final. By way of making an entry, the exhibitor is assuming responsibility for knowledge of the rules and releases show management from any claims or losses. The show management reserves the right to modify or change conditions for the Southwest Reining Horse Association Futurity

Name of person making entry _____ Signature of person making entry _____