2016 PCCHA Entry Form
PCCHA ROUNDUP

NAME OF HORSE: _____

REG. # _____   SEX: _____   YEAR FOALED: _____

SIRE: _____   DAM: _____

(A photo copy of Registration papers, Current NCHA & PCCHA memberships cards must be included with entry)

OWNER: _____   NCHA#: _____

ADDRESS: _____   PCCHA #: _____

CITY/STATE/ZIP: _____   *SSN/TAX ID: _____

PHONE - FAX #: _____   EMAIL: _____

RIDER: _____   NCHA#: _____

ADDRESS: _____   PCCHA #: _____

CITY/STATE/ZIP: _____   *SSN/TAX ID: _____

PHONE - FAX#: _____   EMAIL: _____

Make premium checks payable to: _____

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.

$17,500	**Open Derby**	**$1,252**
	Intermediate Open	$250
	Open Gelding	$250
$5,000	**Non-Pro Derby**	**$652**
	NP Senior	$250
	NP Gelding	$250
	NP - $50K Amateur	$250
$17,500	**Open 5/6**	**$1,252**
	Intermediate Open	$250
	Open Gelding	$250
$5,000	**Non-Pro 5/6**	**$652**
	NP Senior	$250
	NP Gelding	$250
	NP - Unlimited Amateur	$250
$5,000	**PRO - AM**	**$832**

Please check the Payment Schedule for breakdown for entry fee deadlines and late fees adjustments.	*Payment Enclosed:* _____ *Please Make Checks Payable to: PCCHA*

WARRANTY, RELEASE & WAIVER

I, the undersigned, warrant that the horse and rider entered herewith meet all the rules of eligibility of the event hereby entered. I hereby release the Pacific Coast Cutting Horse Association, their officers, members, agents, employees, representatives or any of them, of and from all claims, demands, action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue to me in favor of myself, my heirs, representatives or dependents on account of, or by reason of any injury, loss or damage which may be suffered by me or any of them or to any property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence, or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury, or damage which may occur through or by any reason or any matter, thing or condition, negligence or default, or any person whatsoever. Signature:_____

FED EX Address: PCCHA, 13296 E. Hwy 88, Lockeford, CA 95237

MAILING Address: PCCHA, P.O. Box 108, Lockeford, CA 95237

PHONE: (209) 727-5779 - FAX: (209) 727-5743