

# 2021 Bonanza Cutting

Mailing Address: 5451 Old Friberg Rd  
 Wichita Falls, TX 76305  
 Office (940) 322-3100  
 Cell (940) 867-2828

**Open 4 Intermediate** (Check ONLY the boxes you are entering)

| Horse & Reg#  | Inter-<br>mediate<br>\$1,500 | Geld<br>\$500 | Sr<br>\$500 | APHA<br>Chrome<br>\$500 | 25K Nov<br>Horse<br>\$500 | Owner & NCHA#  | Rider & NCHA# |  |  |  |  |
|---|------------------------------|---------------|-------------|-------------------------|---------------------------|--|---------------|--|--|--|--|
| #   |                              |               |             |                         |                           | #  | #             |  |  |  |  |
| #   |                              |               |             |                         |                           | #  | #             |  |  |  |  |
| #   |                              |               |             |                         |                           | #  | #             |  |  |  |  |
| #   |                              |               |             |                         |                           | #  | #             |  |  |  |  |
| Owner:  |                              |               |             |                         |                           | SS or TAX ID#  |               |  |  |  |  |
| Address:  |                              |               |             |                         |                           |  |               |  |  |  |  |
| City, State, Zip  |                              |               |             |                         |                           | Phone#   |               |  |  |  |  |
| Winnings Payable to:  |                              |               |             |                         |                           | SS or TAX ID#  |               |  |  |  |  |
| Correspondent: ( If Different from owner)                                 |                              |               |             |                         |                           | <b>(No checks will be dispersed if SSN#<br/>                     or TAX ID# for each entry is not on<br/>                     file.)</b> |               |  |  |  |  |
| Address   |                              |               |             |                         |                           |  |               |  |  |  |  |
| City, State, Zip  |                              |               |             |                         |                           |  |               |  |  |  |  |
| Signed by:  |                              |               |             |                         |                           | NCHA Membership#   |               |  |  |  |  |
| <b>***Copy of Registration Papers MUST be included with each entry***</b> |                              |               |             |                         |                           |  |               |  |  |  |  |