Name of person who will be paying this horses fees: _____

Please send earnings(if applicable) to: ☐ Owner ☐ Trainer 1

2019 SUN CIRCUIT

BACK #

HORSE INFORMATION as it appears on Registration Papers/Competition License

Complete one entry form for each horse being entered. Use this form to enter ALL CLASSES.

Registered Name: Registration # or #s: NRHA Comp. Lic #.: Sex: M G S Foal Yr:

Sire: Dam: Trainer: **Will this horse have a stall: ☐YES ☐ NO (Use stall reservation form to reserve stalls**

OWNER INFORMATION as it appears on Registration Papers

** *SSN or TIN Must Be On File To Receive Payout Checks*

	Name	AQHA #	NRHA #	Exp Date	NSBA #	Exp Date	Phone #	SS # or TIN for Winnings
Owner								
Co-Owner								

ADDRESS: **CITY, STATE, ZIP:** **E-Mail Address:**

EMERGENCY CONTACT Name: Phone Number: Relationship:

EXHIBITOR INFORMATION **Date of Birth (DOB) required for Youth, Primetime, Select

#1 NAME: DOB:	**#2 NAME:** DOB:	**#3 NAME:** DOB:
AQHA #: Exp Date: Amt Yth Nov	AQHA #: Exp Date: Amt Yth Nov	AQHA #: Exp Date: Amt Yth Nov
NRHA #: Exp. Date: Pro NP Yth	NRHA #: Exp. Date: Pro NP Yth	NRHA #: Exp. Date: Pro NP Yth
NSBA #: Exp. Date: NP Yth	NSBA #: Exp. Date: NP Yth	NSBA #: Exp. Date: NP Yth
APHA # and Exp. Date:	APHA # and Exp. Date:	APHA # and Exp. Date: :
Relationship to Owner:	Relationship to Owner:	Relationship to Owner:
Class Numbers	Class Numbers	Class Numbers

☐ I have read and agree to the terms and conditions mentioned in the Sun Country Circuits Release of Liability

Signature/Date: Printed Name:

Entries are due by: 1/18/2019

Please Complete form and mail to:

Sun Circuit

515 E Carefree Hwy PMB #405

Phoenix, AZ 85085

Questions call 623-869-8037

⦿Include a copy of owner(s) exhibitor(s) current cards and copy of the horse's registration papers & competition license (if applicable)

You can also email entries to: suncircuitentries@gmail.com Please put SCC Entries in the Subject line