## **2023 COLOR BREED CONGRESS® ALL BREED ENTRY FORM**

Pre-Entry & Stall Deadline - October 5, 2023

Mail, fax or email form to:

Pinto Horse Association®, Congress Entries • 7330 NW 23rd Street • Bethany, OK 73008 Phone: 405-491-0111 Fax: 405-787-0773 • email: congress@pinto.org

Office Use Only:

Horse Name						Registration # _				
Year Foaled		☐ Mare		Gelding	☐ Stallion					
Owner Name				_		PtHA Mem	ıber ID #:			
Is the owner a current l	PtHA member?	☐ Yes	□No	PtHA M	ember ID #:					
Owner's Address										
City										
						•				
and agree to all of its provisions. I und Pinto Horse Association of America, I the Pinto Horse Association of Americ show vendors, sponsors and/or other s	derstand and agree that by or nc. by-laws and rules and th ca, Inc. (PtHA®), the Compe ponsoring organizations, if and other rules pertaining to the sand provisions of the entry en on entries or stalls ac	ble as entered. I have tering this Competite rules of this Competition, officials, offic	e read the Pinto Hors ion, the owner and are etition and will accep- cers, directors, emplo ken. I agree that any at of failure to sign are on rules and the curro- icy listed in the Pi	e Association of A ny of his represent to as final the decis yees, independent actions against the n entry form, the fi- ent Official Rulebo remium Book. I	atives, agents, trainers, lessees, sion of the show Disciplinary C contractors, agents, personnel, a PtHA® must be brought in Ohist entry in a class will be deen pook for the Pinto Horse Associa understand all fees as liste	Assumption of Risk, Waiver and riders, drivers handlers and the hommittee on any question arising volunteers, the host city Convent dahoma County, State of Oklahoned acceptance of said rules. BY tition of America, Inc. d, including but not limited to	Indemnification as printed in this entry for orse shall be subject to and bound by the under said rules and agree to hold harmless ion & Visitors Bureau, the host facility, tradma. Presentation of a signed entry form shal SIGNING BELOW, I AGREE to be bound to fees by date of postmark.			
Please complete th if entered in an Op Cash Challenge	en NSBA or Classes.	(Rev. October 201 Department of the T Internal Revenue Se	Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service  1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  2 Business name/disregarded entity name, if different from above							
The IRS requires the PtHA correct taxpayer indentificate (TIN) for persons for whom file an information return (laneous for premium paybe correct TIN is not provided payments can be subject to withholding per IRS regular and Cash Challenge Payou	fication number hom we have to m (1099-Miscel- yback). If the ded, subsequent t to backup gulations. NSBA yout checks will	Print or type.  If control of	appropriate box for fed g seven boxes.  idual/sole proprietor of e-member LLC  ted liability company. Es: Check the appropriatif the LLC is classified her LLC hat is not dish	eral tax classification  C Corpora  Inter the tax classific  Box in the line abo  Box in the line abo  Box in gle-member	n of the person whose name is entition S Corporation station (C=C corporation, S=S corporation (C=C that is disregarded from the cut.LC th	oration, P=Partnership) ► single-member owner. Do not chect owner unless the owner of the LLC is . Otherwise, a single-member LLC the	certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting			
not be issued until the Pth on file for all persons reco Therefore, you are require the W-9 with the appropri tions when submitting thi will prevent any delay of payout check. Your exhib be held if this section of t complete.	eiving a check. ed to complete iate certifica- is entry. This receipt of your oitor packet will	6 City, sta 7 List acc Part 1 Enter your TIN it backup withhold resident allen, su	Fart I Taxpayer Identification Number (TIN)  Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a							
The social secur ber listed on the	•	Note: If the acco	ount is in more than the Requester for g		e instructions for line 1. Also s se number to enter.		er identification number			
should be that o	of the	Under penalties	of perjury, I certify t		over identification number ( !	om waiting for a number to be	issued to make and			
current owner o	or, in the	2. I am not subje Service (IRS) no longer sub	ect to backup withho	olding because: (a backup withholdii nolding; and	a) I am exempt from backup wi ng as a result of a failure to rep		issued to me); and inotified by the Internal Revenue (c) the IRS has notified me that I am			

3. I am a U.S. citizen or other U.S. person (defined below); and

Sign Here

Signature of U.S. person ▶

one of the current owners

listed on the Registration

Certificate.

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

## ALL BREED CLASS ENTRIES

Class #	Class Name				Exhibitor's Name*				Bre	Class Fee	
Amateur Name:				Date of Birth: Rel				ationship to Owner:			
Youth Name:			1	_ Date of Birth:			Rela	Relationship to Owner:			
Payment Information (all class fees are for 4 judges)		Postmar by Oct		Postmarked fter Oct. 5	At Show	7					
OPEN Class Entry Fee		\$115/c	lass \$	\$135/class \$155/class			\$		_		
AMATEUR Class Entry Fee		\$100/c	lass \$	120/class \$140/class			\$				
YOUTH Class Entry Fee \$95/class		ıss \$	S115/class	\$135/class			\$				
Trail Equipment Fee - per class \$25/class		ıss \$	825/class	\$25/cla	iss		\$		-		
Office fee - once per equine \$60/horse		rse \$	660/horse	\$60/ho	/horse		\$60.00		_		
			TOTAL AMOUNT DUE				\$				
		Incomplete	entries and	entries rec	eived with	out paym	ent will no	ot be a	accepted.		
Make ch	ecks payab	le to PtHA. US I							_		
Chec	kVisa _	MasterCard _	Discover _	American	Express (	Card #:	//	/_	EXP:	CV	V#:
Name on	Card:				Signature:					Date:_	