2023 COLOR BREED CONGRESS® PtHA 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	Name									
Year Foaled Sex		Mare	☐ Gelding	☐ Stallion						
Owner Name					PtHA Mem	ber ID #:				
Is the owner a current PtHA membe	r?			BA ID#:	**NSBA HO	RSE ID#:				
*Owners and exhibitors must be cu **Owners and exhibitors must be cu										
Please include a copy of NSBA Rewith your entry form.					bership cards if ex	hibiting in NSBA class				
Owner's Address										
City										
Phone		F	E-mail							
I (We) hereby certify that every horse, owner and exhibitor and agree to all of its provisions. I understand and agree tha Pinto Horse Association of America, Inc. by-laws and rules the Pinto Horse Association of America, Inc. (PHA®), the show vendors, sponsors and/or other sponsoring organization be deemed acceptance of these rules and other rules pertain by all bylaws, rules, regulations, terms and provisions of the I understand that refunds are given on entries or sta	s eligible as entered by entering this Cand the rules of the Competition, officins, if any, for anying to this show. In entry blank and c	ed. I have read the Competition, the or is Competition and ials, officers, direct action taken. I agrant the event of failu competition rules a	Pinto Horse Association of Al wner and any of his representa d will accept as final the decisi tors, employees, independent tee that any actions against the re to sign an entry form, the fi- ind the current Official Rulebo	tives, agents, trainers, lessees, on of the show Disciplinary Co- contractors, agents, personnel, PtHA® must be brought in Ok- stst entry in a class will be deem ok for the Pinto Horse Associat	Assumption of Risk, Waiver and riders, drivers handlers and the mmittee on any question arising volunteers, the host city Convent lahoma County, State of Oklahor ed acceptance of said rules. BY States tion of America, Inc.	orse shall be subject to and bound by the under said rules and agree to hold harr ion & Visitors Bureau, the host facility na. Presentation of a signed entry form SIGNING BELOW, I AGREE to be both				
Signature:				_ Date:						
Please complete the W-9 form if entered in an Open NSBA or Cash Challenge Classes. The IRS requires the PtHA® to obtain the correct taxpayer indentification number (TIN) for persons for whom we have to file an information return (1099-Miscellaneous for premium payback). If the correct TIN is not provided, subsequent payments can be subject to backup withholding per IRS regulations. NSBA and Cash Challenge Payout checks will not be issued until the PtHA® has a W-9 on file for all persons receiving a check.	Print or type. Print or type. Geoffic Instructions on page 3.	Business name/di Check appropriat following seven be Individual/sole single-member Limited liability Note: Check tt LLC if the LLC another LLC th is disregarded Other (see insti	▶ Go to www.irs on your income tax return). Name sregarded entity name, if differen so box for federal tax classification oxes. proprietor or ☐ C Corporat LLC company. Enter the tax classific the appropriate box in the line abo is classified as a single-member at is not disregarded from the ow from the owner should check the	of the person whose name is entered on S Corporation ation (C=C corporation, S=S corporation to the tax classification of the subset of the tax classification of the subset of the tax classification of the tax classification for U.S. federal tax purposes. appropriate box for the tax classification of the tax classification for the tax classification of	certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting					
Therefore, you are required to complete	y e	City, state, and ZI	P code							
the W-9 with the appropriate certifica- tions when submitting this entry. This will prevent any delay of receipt of your			per(s) here (optional)	nor (TIN)						
payout check. Your exhibitor packet will be held if this section of the form is not	Enter yo	Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number								
complete.	resident entities, TIN, late	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 <i>How to get a TINI</i> , later.								
The social security num-			more than one name, see the uester for guidelines on whos	e instructions for line 1. Also se e number to enter.	ee What Name and Employe	er identification number				
ber listed on the W-9	Part I									
should be that of the		enalties of perjur		yer identification number (or I	am waiting for a number to be i	ssued to me); and				
current owner or, in the	2. I am r	not subject to bac	kup withholding because: (a)	I am exempt from backup wit	thholding, or (b) I have not been	notified by the Internal Revenue c) the IRS has notified me that I am				
case of multiple owners,	no lor	nger subject to ba	ackup withholding; and ther U.S. person (defined bel	•	, (
one of the current owners	4. The F	ATCA code(s) en	tered on this form (if any) indi	cating that I am exempt from						
listed on the Registration	you have	e failed to report a	ll interest and dividends on you	ır tax return. For real estate tran	sactions, item 2 does not apply. I					
Certificate.						ent (IRA), and generally, payments e the instructions for Part II, later.				
or meure.	Sign Here	Signature of U.S. person ▶			Date ►					

PtHA CLASS ENTRIES and CASH CHALLENGE CLASSES

Class # Class Name	✓ for NSI Dual Approv		Exhibitor's Name*	Exh. ID#	NSBA#	Class Fee
Amateur Name:		Date of Birth:	_ Relationship to Owner:			
Youth Name:		_ Date of Birth:		Relationship to C)wner:	
Payment Information	Postmarked	Postmarked	At Show			
(all class fees are for 4 judges)	by Oct. 5	after Oct. 5				
Cash Challenge classes	\$100/class	\$150/class	\$250/class	\$		
OPEN Class Entry Fee	\$115/class	\$135/class	\$155/class	\$		
OPEN NSBA Fee - add to class fee	\$50/class	\$50/class	\$50/class	\$		
AMATEUR Class Entry Fee	\$100/class	\$120/class	\$140/class	\$		
AM Flat Fee: 1 Horse/1 Rider /AM (10 class maximum-does not include po	\$900/unit pint fees, equipment	\$1100/unit fee or NSBA fe	\$1300/unit	\$		
YOUTH Class Entry Fee \$95/class		\$115/class	\$135/class	\$		
A Flat Fee: 1 Horse/1 Rider /YA \$850/unit (10 class maximum-does not include point fees, equipmen		\$1050/unit fee or NSBA fe	\$1250/unit	\$		
AM/YA NSBA Fee - add to class fee	\$10/class	\$10/class	\$10/class	\$		
ail/Obstacle Equipment Fee - per class \$25/class		\$25/class	\$25/class	\$		
Office fee - once per equine	\$60/horse	\$60/horse	\$60/horse	\$6	60.00	
		TOT	AL AMOUNT DUE	\$		
Incomplete ent	ries and entries r	eceived with	out payment will no	t be accepted.		
Make checks payable to PtHA. US Fund	ls ONLY. A 3% deb	oit/credit card tr	cansaction fee will be ac	dded.		
CheckVisaMasterCardD	iscoverAmeric	an Express (Card #://	/ EXP:_	CVV	/#:
Name on Card:		_ Signature:			Date:	