



ROGUE REINING HORSE ASSOCIATION

"Rein in the New Year"

Save postage!
email to entries to
contact@roguereining.com

1st NRHA Approved Show of 2026~ Feb 21-22, 2026 (Move In Feb 20) ~ Entry Deadline: Must be RECEIVED by Feb 10, 2026

Horse's Name _____ NRHA Comp Lic # _____

Year Foaled _____ Age _____ Sex _____

Owner's Name _____ Phone # (_____) _____

Address _____ City _____ State _____ ZIP _____

E-mail Address _____

NRHA # _____ exp: _____ RRHA # _____ exp: _____

*****CHECK THE CURRENT ELIGIBILITY OF BOTH HORSE AND RIDER BEFORE ENTERING ANY CLASS*****

EXHIBITOR #1 Name _____ Relationship to owner _____

Address _____ City _____ State _____ ZIP _____

[] Open [] Non Pro [] Youth Rider DOB _____ NRHA # _____ Exp. _____ RRHA # _____ exp: _____

Enter Class #						

EXHIBITOR #2 Name _____ Relationship to owner _____

Address _____ City _____ State _____ ZIP _____

[] Open [] Non Pro [] Youth Rider DOB _____ NRHA # _____ Exp. _____ RRHA # _____ exp: _____

Enter Class #						

FEES AND CHARGES:

Total Class +Judges Fees \$ _____

Stalls # _____ @ \$200 ea \$ _____

Tack # _____ @ \$200 ea \$ _____

NRHA Drug Fee \$10/ horse \$ _____

Haul In \$40/day or \$60/wknd \$ _____

Office Fee \$40/day \$ _____ 40 _____

Late Entry Fee \$50/horse \$ _____

Shavings \$11/bag \$ _____

RRHA Member/Horse Nom \$ _____

TOTAL DUE \$ _____

OPEN [] PAID [] CHECK # _____

Checks payable to: **RRHA**

CREDIT CARD []

5% credit card convenience fee added

PLEASE STABLE ME WITH [] OR NEXT TO []

I hereby enter the above horse at my own risk and subject to all rules and regulations of RRHA. I am aware of the inherent risks associated with equine activities and I assume all risks associated with the event and hereby release and hold harmless The Oregon Horse Center, NRHA, RRHA, and all respective directors, officers, agents, successors and assigns, sponsors and suppliers, from and against any and all claims, limitation of injuries or damage to my property which I may incur as a result of my participation or attendance at this event. I agree to abide by the terms and conditions of this Release & Waiver of Liability. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to current NRHA and RRHA guidelines.

SIGNATURE _____
(must be signed by all entrants. Parent or Guardian to sign for Youth riders)

DATED _____ / _____ /2026

Mail to: Show Entries
RRHA Rein in the New Year
PO Box 423
Shady Cove, OR 97539
Phone: (541) 659-7830

Email to: contact@roguereining.com

POSTMARK DATE: _____