



# ROGUE REINING HORSE ASSOCIATION

## "Rein in the New Year"

Save postage!  
email to entries to  
[contact@roguereining.com](mailto:contact@roguereining.com)

1st NRHA Approved Show of 2026~ Feb 21-22, 2026 (Move In Feb 20) ~ Entry Deadline: **Must be RECIEVED 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  
#

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**EXHIBITOR #2** Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Enter  
Class  
#

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### 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 Entires  
RRHA Rein in the New Year  
PO Box 423  
Shady Cove, OR 97539  
Phone: (541) 659-7830

Email to: [contact@roguereining.com](mailto:contact@roguereining.com)

POSTMARK DATE: \_\_\_\_\_