# 2026 NRHA FUTURITY FORM

## 1st Payment is Due January 15, 2026

For office use only:

Horse's Name: ______________________________ License #: ____________

Breed & Reg. #: ______________________ Sex: __________ Year Foaled: __________

Sire: ______________________________ Dam: ______________________________

Owner's Name: ______________________________ NRHA ID #: ____________

Address: ______________________________ City, State, Zip: ______________________________

Phone: (        )______________________ Email: ______________________________

Alternate Contact: ______________________________________________________________

Alternate Contact Phone: (        ) ____________________ Email: ______________________________

*Entry nor individual payment is not considered as completed by deadline unless both entry form and payment have been received.*

| # of Payment | Due Date | Amount |
|---|---|---|
| 1st Payment | January 15, 2026 | $555 |
| 2nd Payment | April 1, 2026 | $600 |
| 3rd Payment | June 1, 2026 | $720 |
| 4th Payment | August 1, 2026 | $675 |
| 5th Payment | October 1, 2026 | $740 |

1st - 4th payments must be postmarked by due date.
5th payment must be received by the due date.

**See Terms & Conditions for Appropriate Late Fee Schedule.*

| Sire & Dam Payment Schedule | | |
|---|---|---|
| **Payment** | **Due Date** | **Amount** |
| 1st | July 1, 2026 | $875 |
| 2nd | October 1, 2026 | $740 |

**Send this form with payment (check or credit card). Copy of Competition License or Breed Registration Papers must be included.**

☐ **Check Enclosed**

***Credit Card:***

☐ **Use this card for ONE Time Payment**

☐ **Use this card for ALL remaining Futurity Payments**

**RELEASE AND WAIVER OF LIABILITY**

I, ______________________________________________,
(participant) in consideration of my participation in the equine event known as the NRHA Futurity and Championship Show herby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event and to use my and my horse's name, likeness, voice and biographical information in connection therewith. I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs, and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which may incur as a result of performing in a reining horse class. By my signature, I acknowledge that once a payment is remitted, there are no refunds or substitutions for this event. I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rid and/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

**Parent or Guardian's Guarantee**

I,______________________________________________,
represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to the bound by the terms thereof.

Payment will not be processed before the payment due date. If you wish to cancel future payments, please send a request via email to promlesa1@gmail.com.

Name on Credit Card ______________________________ Phone # ____________

Billing Address ______________________________________________________________

City, State ______________________________ Zip ____________

☐ Same as Above ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Credit Card Number:______________________________ Exp. Date: ____________

3 or 4 digit CSV #:________ (There is a 3.5% convenience fee for paying by credit card.) **Total Payment Amount $ ____________**

Signature: ______________________________ Date:____________

*Current or 2025 NRHA membership for both owner (as listed on competition license) and rider is required.*

**Mail to:** NRHA Events, Attn: Futurity Entries, 13181 US Hwy 177, Byars, OK 74831 Or **Fax to:** (580) 759-3999 Or Email to: info@pro-management-inc.com

December 16, 2025 - 11:45 a.m.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See **Specific Instructions** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . ______

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ______

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . . . . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ______

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) ______

*(Applies to accounts maintained outside the United States.)*

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part 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 TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

☐☐☐ – ☐☐ – ☐☐☐☐

**or**

**Employer identification number**

☐☐ – ☐☐☐☐☐☐☐

**Part II** **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
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.

**Sign Here** Signature of U.S. person Date

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they