



**CREDIT CARD DIRECTIONS:** Please fill out this form **COMPLETELY**.

The completed form should be mailed, emailed or faxed to The Run For A Million along with your complete entry information.

The Run For A Million, Inc. is hereby authorized to charge the credit card listed below for all items related to the entry of said horse(s). One form per horse/entry. **In order to avoid late fees, this form must be received by The Run For A Million by the required pre-entry deadline for the event.**  
**NOTE: A declined or cancelled credit card will be treated as an insufficient check, all declined credit card payments are subject to all applicable late fees.**

**CONTACT INFORMATION** (Owner or Agent of the entry)

Name \_\_\_\_\_ NRHA ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION, RELEASE and WAIVER OF LIABILITY**

I, \_\_\_\_\_, (horse owner) have read and understand the terms and conditions of the entry into the The Run For A Million and agree to abide by the event's terms and conditions and the Events Rules and Regulations and its governing body the National Reining Horse Association. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Event and Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize HRRC, Inc to process credit or debit card payments in accordance with the entries related to the event. **I understand that there will be a 5% convenience fee, per payment.** I understand that The Run For A Million, Inc. offer this service as a convenience to exhibitors. I understand by completing, signing and returning this form to The Run For A Million that I am authorizing The Run For A Million, Inc. to process my event entry expenses to the credit card listed below.

**PAYMENT INFORMATION:**  Visa  Master Card  Amex  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 or 4 digit CSV #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY**

DATE RECEIVED: _____	PROCESSED: Y / N	BY: _____
ENTRY FEES:	AMOUNT	\$ _____
JUDGES FEES:	AMOUNT	\$ _____
LATE FEE:	AMOUNT	\$ _____
PHOTO/VIDEO FEE:	AMOUNT	\$ _____
STALLS	AMOUNT	\$ _____
OTHER CHARGES: _____	AMOUNT	\$ _____
5% CREDIT CARD CONVENIENCE FEE:	AMOUNT	\$ _____
	TOTAL	\$ _____