2026 NZCHA FUTURITY ENTRY FORM

Saturday 14th & Sunday 15th FEBRUARY 2026

NAME……

ADDRESS…….

CONTACT DETAILS: PH……**E-Mail**:……

Emergency Contact Person/Number……..

Your bank details for payment of prizemoney:
Name of account: ……... **Account Details**…….

EVENT	HORSE NAME	RIDER	Fees	TOTAL
OPEN HORSE			$94	
OPEN NON-PRO			$84	
LIMITED NON-PRO			$74	
$1500 NON-PRO			$74	
Rookie Rider			$69	
Restricted Rider			$69	
Snaffle Bit Rider			$64	
Snaffle Bit Horse			$64	
Youth			$39	
Classic Challenge			$180	
Open Derby			$195	
Snaffle Bit Futurity Final Payment if not already paid			$65	
Open 4yr old Futurity Final Payment if not already paid			$165	
Burger night Friday night	**$25/adult $15/child 10 years & under**	**Pre orders essential by 14th Jan 2026 to Julie juliesteve7@gmail.com**	$	
Dinner buffet meal Saturday night	**$45/Adult $20/ child 10 years & under**	**Numbers to be given to Julie by 14th January 2026**	$	
Steve Smith Dry Clinic Friday	**$75 Clinic start time 3pm -8pm approx**	**#**	$	
Steve Smith Cattle work Clinic Monday	**$75 Clinic start time 7.30am – 12pm approx**	**#**	$	
ADDITIONAL EXPENSES	**FEES**			
Accommodation	**Shearers quarters $25pp/night**	**#..... nights ……x $25**	**$**	
Camping Fee	**$10 per truck/float/night**	**#……nights …….x $5**	**$**	
Total Monies Due			**TOTAL**	**$**

PAY ONLINE TO: NZCHA **03 0430 0170253 00** REF: Your name, Futurity Show Entries –
Entries close 20/1/26, NO LATE ENTRIES.
Post form to **Julie Gregory, 331 Oruanui Rd, RD4, Taupo, 3384**
E-mail: **juliesteve7@gmail.com**

Waiver

I acknowledge that during all times while attending NZCHA and affiliated activities that I do so at my own risk and that I and other people in my care and control will not hold the NZCHA or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the NZCHA, its employees or agents howsoever caused or otherwise. I acknowledge that in the event that I or any of the other people in my care and control find either or any of them in difficulty that I am to stop the activity, or request that the activity be stopped if appropriate and seek help and/or assistance and advice. By signing this form, I understand that I and my dependents waive our rights to sue the NZCHA for losses relating to my and or my dependents personal injury or death that result from any negligence caused by the NZCHA.

SIGNED……