

Contestant Name :			Date:
Address:			
City:	State:	Zip:	
Phone:		Cell Phone:	
E-Mail:		Event Location:	
D.O.B:			

HORSE NAME	OPEN \$40	SENIOR \$20	YOUTH \$20	CARRY OVER	TIME ONLY \$5	TOTAL
						\$
						\$
						\$
						\$
					Late Fee	\$
					Arena Fee	\$ 5.00
					TOTAL FEES	\$

PLEASE READ AND SIGN

In submitting my entry, I hereby release the No Excuses Barrel Racing owners, volunteers, staff, officials, employees, directors or agents of the same, facility owners, and anyone else from any claim or right for damages, which may occur to me, my horse, my child, or other property at this event. I realize there are certain risks in any sport, and I take full responsibility for myself, horse, and/or my child if an incident should occur. It is also understood that by signing this entry form, I have read, understand, and agree to abide by all the rules set forth by No Excuses Barrel Racing.

Contestant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____