

BRN 4D

Pioneer Posse Barrel Race

Cosanction NBHA

BRN4D# _____

Name _____

NBHA # _____

address _____

Friday race starts at 6 pm

Saturday Race starts at 10 am

phone _____

<u>Friday</u>	added \$		Registered Name	Roll?	
10 & Under	none	\$10		xxxxx	
BRN Open 5D	\$500	\$45	1	xxxxx	
		\$45	2	xxxxx	
		\$45	3	xxxxx	
Youth 4D	none	\$20		Yes/No	
Senior 4D	none	\$20		Yes/No	
Novice 4D	none	\$20		Yes/No	
2D Futurity Incentive	none	\$20		Yes/No	
Derby Incentive	none	\$20		Yes/No	
VGBRA Point Race		\$10	members only	xxxxx	
YBC		\$40	Roll only	xxxxx	
NBHA FEE		\$3	NBHA members	\$3	
Office fee		\$10	No office for 10 & Under or point race		\$10
Time Onlys		\$4	Friday 3 to 5pm choose 1st or 2nd hour	\$4	

<u>Saturday</u>	added \$		Horse's Name	Roll?	
10 & Under	none	\$10		xxxxx	
BRN Open 5D	\$500	\$45	1	xxxxx	
		\$45	2	xxxxx	
		\$45	3	xxxxx	
Youth 4D	none	\$20		Yes/No	
Senior 4D	none	\$20		Yes/No	
Novice 4D	none	\$20		Yes/No	
2D Futurity Incentive	none	\$20		Yes/No	
Derby Incentive	none	\$20		Yes/No	
VGBRA Point Race		\$10	members only	xxxxx	
YBC		\$40	Roll only	xxxxx	
NBHA FEE		\$3	NBHA members	\$3	
Office fee		\$10	No office for 10 & Under or point race		\$10
Time Onlys		\$4	Saturday 730 to 9 am	\$4	
			NO LATE ENTRIES		

Postmark by July 20th**Total Due:** _____**MAIL TO:**

Checks payable to Posse

Sue Ruzicka

Amount received: _____

PO Box 10

Check # _____

Dixie, WA 99329

Received by: _____

I hereby release the Pioneer Posse and any of their directors, officers or members, or any one 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 and/or child. It is also understood that by signing this entry I have read, understand and agree to abide by all rules.

Signature _____