

# BRN 4D

# Pioneer Posse Barrel Series

## Cosanction NBHA

BRN4D# \_\_\_\_\_

Name \_\_\_\_\_

NBHA # \_\_\_\_\_

address \_\_\_\_\_

Open 5D \_\_\_\_\_

Y, S, N and YBC 4D \_\_\_\_\_

phone \_\_\_\_\_

**Aug 15th**

	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 Incentiv	none	\$20		Yes/No	
Derby 1D	none	\$20		Yes/No	
<b>YBC Sidepot</b>	none	\$40		Carry only	
VGBRA Point Race		\$10	members only	xxxxx	
<b>NBHA FEE</b>		\$3	NBHA members	<b>\$3</b>	
Office fee		\$10	No office for 10 & Under or point race		<b>\$10</b>
Time Onlys		\$4	7:30 hour _____ 8:30 hour _____		
			post mark by 8/7/20		

**mail to Sue Ruzicka**

**Total Due:** \_\_\_\_\_

PO box 10 Dixie, WA 99329

Check # \_\_\_\_\_

**Checks payable to POSSE**

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 \_\_\_\_\_