

Horsepark of Nj BARREL RACE

Name: _____ Address: _____

_____ WPRA# _____

Emergency Contact: _____

Horse: _____ Horse _____

Office Fee: \$5 _____

Office Fee: \$5 _____

Exhibition: \$5 x _____ = _____

Exhibition: \$5 x _____ = _____

Open Entry: \$30 _____

Open Entry: \$30 _____

Youth \$25 _____ Rollover: _____

Youth \$25 _____ Rollover: _____

Senior \$25 _____ Rollover: _____

Senior \$25 _____ Rollover: _____

Middle \$25 _____

Middle \$25 _____

Total: _____ Total: _____

In submitting my entry, I hereby release the organizers, NBHA, and any official employee, directors or agent of same, from any claim or right for damages, which may occur to myself, family members, my horse(s) or personal property at this show or in transit. I recognize that the NJ Equine Act is posted on the property which I plan to compete.

Signature of Competitor and/or Legal Guardian of a Minor

Date