

ANNUAL SW WASHINGTON FUTURITY/DERBY

Open entries must be POSTMARKED and accompanied by PAYMENT, ON OR BEFORE: MARCH, 15TH 2017. Make checks payable to: ROCKY TOP ARENA



PLEASE PRINT LEGIBLY

BRN4D# _____ NBHA# _____ WPCA# _____ BBR# _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

BRN4D ENTRY FORM

Put an X in the boxes in the races you are going to run in.

Put an X in the R/O box you want your Open time to roll over to.

Please use horses registered name

Horse #1
Horse #2
Horse #3

	FRL SWEEPSTAKES 500.00 ADDED	OPEN SAT. 4D RACE 1000.00 ADDED	ROLL FROM FUTURITY	ROLL FROM DERBY	SAT. 4D YOUTH BARRELS	ROLL FROM OPEN	SUN. 4D YOUTH BARRELS	ROLL FROM OPEN	SUN. 4D SENIOR BARRELS	ROLL FROM OPEN	SAT. 4D SENIOR BARRELS	ROLL FROM OPEN	SUN. 4D SENIOR BARRELS	ROLL FROM OPEN	SAT. 4D NOVICE BARRELS	ROLL FROM OPEN	SUN. 4D NOVICE BARRELS	ROLL FROM OPEN	SAT. PEE WEE	SUN. PEE WEE	TOTALS
	\$80	\$50	R/O	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$5	\$5	\$
	\$80	\$50	R/O	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$5	\$5	\$
	\$80	\$50	R/O	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$20	R/O	\$5	\$5	\$

*Futurity/Derby contestants are allowed to roll times into the Open 4D.
Contestants must be entered prior to the 1st go of the Futurity/Derby.

ROCKY TOP ARENAS REFUND POLICY:

Refunds will be considered for the following reasons:
*Notified of Vet Release or Medical Release prior March 23rd, and will only be accepted and refunded when presented on official letterhead.
*Visible injury on race day will be determined by management.

NO office or late fees will be refunded.
There are no refunds once race has started.

In submitting my entry, I hereby release ROCKY TOP ARENA from any claim or right to 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 my child if an incident should occur. It is also understood that by signing this entry, I have read, understand and agree to abide by all the rules.

DATE _____ SIGNED: _____
(Parent if child is a minor)

MAKE CHECKS PAYABLE TO:
ROCKY TOP ARENA
P.O. BOX 206
SALKUM, WA 98582

NBHA WA08 FEE \$3.00 PER CLASS \$3.00 X _____	\$
\$10.00 PER DAY OFFICE FEE \$10.00 X _____ DAYS	\$
\$10.00 DAY OF RACE LATE FEE	\$
TOTAL DUE	\$

THE LATE FEE WILL BE CHARGED ON ALL NEW ENTRY FORMS RECEIVED ON THE DAY OF RACE