

WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Fla. Stat. s 773.05 (1993)

APRIL 8th, 2018

Strut Your Stuff

BARREL RACE

Palatka, FL



CASH ONLY / DAY OF SHOW

For Office Use Only:
Paid: Ck# _____ Cash \$ _____

Rider: _____
Address: _____
City/State: _____
Phone: _____
Email: _____
Social Sec# _____
WPRA# _____



- Long Sleeve shirt and western hat/helmet- or any SYS shirt
- * 1D WPRA Approved Open
- * 3D Junior division 17 & under as of 1-1-18
- * \$5 exhibitions cash at the gate from 10:30am-12:30pm
- * \$3 exhibitions cash at the gate from 8:30am-10:30am
- * Pre entries must be post marked by 3-28-18
- * Emailed entries with CC payment until 4-4-18
- * \$10 late fee if entering day of show
- * 70% payback on Open entry 80% on side pots. No other fees taken out. 100% payback on added money.
- * \$5 processing fee per horse.

Schedule:
Exhibiton: 8:30 am -12:30 pm
Pee Wee: 12:45 pm
Open: To following Pee Wee
Youth to follow open or carryover
open time

Horse's Registered Name (Will be sent to EquiStat)	Open \$2000 added \$50	Junior/Youth \$15 Designate if carryover	Pre-entry Preferred Draw Group (Not guaranteed. Enter early to increase your odds)			Totals
			Circle One			
			(1-50)	(51-100)	(101-150)	
			(1-50)	(51-100)	(101-150)	
			(1-50)	(51-100)	(101-150)	
			(1-50)	(51-100)	(101-150)	
			(1-50)	(51-100)	(101-150)	
			(1-50)	(51-100)	(101-150)	

Arena Address:
Palatka Horsemen's Club
181 Horseman Club Road
Palatka, FL

Open and Youth Total: _____
\$10 Late fee if not received by 4/4/18: _____
Processing fee per horse \$5 x _____ Total: _____
T-Shirt \$15 _____
Add 4% if pre-entered with CC _____
GRAND TOTAL: _____
Exhibitions \$5 at the Gate

I, the undersigned, hereby agree to release and hold harmless Strut Your Stuff Barrel Race, Assure Thing Advertising, and all fellow participants, arena owners, arena operators, producers, and any and all persons connected with this event from losses, damages, or injury to me, my child (or child for which I am the legal guardian), my equipment, and/or any animal resulting from my attending and/or participating in this event. Further, I have read and agree with the race rules which are a part of this form.
Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO PALATKA HORSEMEN'S CLUB:
Mail Checks or Email CC payments to:
Staci Sanders – stacisanders@windstream.net
PO Box 1072
Citra, FL 32113

Credit Card Payments:
Number: _____
3 Digit Code: _____ **Exp. Date:** _____
Billing zip code: _____

Contact: Jewels DeNapoli 904-718-7804/jewelsdenapoli@gmail.com