

Verndale, MN May 11, 12 &13

Entry Form

Contestant's Name:			Back Number:	(ofc use o	nly)
Mailing Address:			 Birthday:	/ /	
City, State, Zip:			Phone Number:		
Email:			*SSN:		
		*If you win	money, the office must h	ave your SSN on	file
To be eligible for the	Friday	Sat. & Sun.	Entry forms must be p	nost marked by A	hpril
Aggregate, you MUST compete	May 11th	May 12	13th. Mailed wi	•	
both SCYC Rounds.	ㅁ 욕	en (s)	SCYC Race /		
	n 5 m L ace	Op \$15 ude day	16498 US		
	Ope Vari Ra \$:	SCYC Open 5D \$150 (includes both days)	Verndale, M	•	
Horses Registered Name:	0 >	S 0 0	vernadie, iv		
1.					
2.			For Office Use Only:		
3.			Age Verified:		
4.			Coggins Date:		
			Health Papers Date:		
Entry Fees:					
Friday Open 5D Warm Up Race:	x \$25 =	\$	Accomdations:		
8 & Under Pee Wee - Saturday Only:	x \$30 =	\$	Shavings	< \$8 = \$	
Juniors 12 & Under - SCYC Race:	 x \$150 =		RV Hook-up		\Box
Seniors 13-18 - SCYC Race:	x \$150 =	\$	Accomodations To		\neg
Exhibitions: Thurs Fri					
	Office Fee:		Total SCYC Fees		
Stalls (Required)	x \$60		Accomodations To	tal: \$	\neg
If after April 13th Lat			Entry Fee Tot	· —	\neg
Entry Fee Total: \$			GRAND TOTA		\neg
			ed. DO NOT SEND CASH	·	
			ard Visa Discover Exp		
Card Number:		V-code:	•		
RELEASE of LIABILITY, INDEMNIFICATION PERSONAL INJURY: This event is conducted ("Organization"). By signing this document the sponsors, officers, directors, or particification of the sponsors, officers, directors, or particification of the sponsors, as a participant (or parent management, contractors, employees, and contractors, and employees from any expendation of the sponsor	d by Sherry Cervit and/or making pants may be, milyguardian of a pid affiliates, as wense, cause of ault of my (or my that I am 18 yea of 18.	vi Youth Champions gentry as a particip ny injury or death, a participant) agree to rell as the R & J Are ction, damage, or c child's) injury, deat	ships, an Arizona Non-Profit Or ant, I hereby understand that i as well as that of my horse, or a hold harmless the Organization and Event Center, its agents claim of damage (including legal th or claim. AGE CERTIFICATION or that I am the parent or legal	rganization no matter how careformy child is a possibil on, its agents, s, management, al fees) of any kind N – By the appearance	ful lity.
Contestant/ Guardian's Signature:			Date:	//	