

Sweetwater EVENTS · COMPLEX

The Happenin' Place

\$25,000
in expected payout

\$5,000
in added money

Presents the

2009 Red Desert Classic 5D Barrel Race

Rock Springs, Wyoming

Sanctioned by NWBRA, Co-Sanctioned by AW4D

June 6-7, 2009

Horse's Name <small>(Futurity/derby horses can carry over into open, please mark c/o in box)</small>	Open 5D Saturday \$65	Open 5D Sunday \$65	Senior 4D Sat. \$35 50 & Over	Senior 4D Sun. \$35 50 & Over	Youth 4D Sat. \$35 15 & Under	Youth 4D Sun. \$35 15 & Under	Total
			c/o yes-no	c/o yes-no	c/o yes-no	c/o yes-no	
			c/o yes-no	c/o yes-no	c/o yes-no	c/o yes-no	
			c/o yes-no	c/o yes-no	c/o yes-no	c/o yes-no	



Held in conjunction with Red Desert Futurity & Derby

NWBRA # _____

AW4D # _____

(For AW4D points please include \$2 per entry fee/run)

Late Fee, \$10/day or \$15/weekend
(if postmarked after 5/30/09) \$ _____

Stalls # _____ Fri. Sat. \$ _____

\$15 each night, indicate number & which nights

AW4D \$2 Run Money (optional) \$ _____

Total Due \$ _____

Make checks payable & mail to: Sweetwater Events Complex, 3320 Yellowstone Road, Rock Springs, WY 82901 (307)352-6789
 Visa/MasterCard accepted (circle one) Fax Visa/MasterCard entries to (307)352-6787
 Card # _____ Exp. Date _____ CCV # _____

Enter on-line at www.SweetwaterEvents.com

General Rules:

1. Dress code will be enforced.
2. Covered stalls are limited please prepay
3. Check the website for complete schedule

Saturday

1:00 pm – 2:30 pm Exhibitions - \$5 each
 3:00 pm \$2500 Added 5D

Sunday

12:00 pm \$2,500 Added 5D
 Awards presentation immediately following

Please note: By entering, you agree to the following: "I/we release and hold harmless Sweetwater County, Sweetwater Events Complex, Sweetwater County Commissioners and Sweetwater County Fair Board from any liability for damages or injuries sustained while on the premises of the Sweetwater County Events Complex, by agents, representatives, employees or myself or any organization or association of any invites thereof. I/we accept liability for any damages or injuries caused due to negligence or from any cause arising during events."

Name _____ Address _____ City _____ State _____ Zip _____
 SS# _____ Phone _____ Email _____
 Signature _____ Parent Signature (if minor) _____

Office Use Only

Entries

Late Fees

Stalls

Receipt

Date

Payment Received					
------------------	--	--	--	--	--

