



Rock Springs, Wyoming

\$1750 added money

September 18-20, 2009

Horse's Name (Senior & Youth competitors can carry over)	Barrelarama Friday \$40	Open 4D Saturday & Sunday \$100	Senior 4D Saturday & Sunday \$50	Youth 4D Saturday & Sunday \$50	Target Race Horse & Class \$25	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		

Races:

Friday @ 7 pm
Saturday @ 11 am
Sunday @ 10 am

- **Must be a member of Wyoming NBHA to**
- **100% payback for Open, Youth & Senior**
- **Dale Chavez Prizes & Cash Bonus for average**

Late Fee - \$15 \$ _____
(must be received by 9/9/09)
Pre-enter to be included on NBHA t-shirts
 Stalls - \$15 (per horse/per night) \$ _____
 Office Charge for State races \$ 35.00
 Total Due \$ _____
 Driver's License # _____
required if paying by check

Make checks payable & mail to: Sweetwater Events Complex, 3320 Yellowstone Road, Rock Springs, WY 82901
 Visa/MasterCard accepted (circle one) Fax Visa/MasterCard entries to 866-899-6787
 Card # _____ Exp. Date _____ CCV # _____ Signature _____

Pre-enter by September 9th to be included on the Wyoming NBHA t-shirt!

- The \$1500 added to the state races will be divided between all three classes based on the number of entries
- Western attire is required as per the NBHA rulebook.
- The purse will be divided equally between the two days. Prizes are awarded on the two day average

For questions call Kandi at 307-352-6789 ext. 220

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					

