



North Dakota NBHA ND 01

Entry Form



Name _____
 Address _____
 City, State, Zip _____
 Email _____ Phone # _____
 NBHA # _____ PEWC # _____

How would you like your payout? Mark box

PayPal Check

1st Run

NAME OF HORSE/USE REGISTERED NAME IF RIDING	PEE WEE 10 AND UN- DER	OPEN 4D ALL AGES	YOUTH 4D 18 AND UN- DER	SENIOR 4D 50 AND OVER	CARRY OVER TIME	TOTAL
	\$5	\$25	\$15	\$25	YES NO	
	\$5	\$25	\$15	\$25	YES NO	
	\$5	\$25	\$15	\$25	YES NO	
	\$5	\$25	\$15	\$25	YES NO	

2nd Run

NAME OF HORSE/USE REGISTERED NAME IF RIDING	OPEN 4D ALL AGES	YOUTH 4D 18 & UN- DER	SENIOR 4D 50 & OVER	CARRY OVER TIME	carry time from 1st run to 2nd run	TOTAL
	\$25	\$15	\$25	yes no	YES NO	
	\$25	\$15	\$25	yes no	YES NO	
	\$25	\$15	\$25	yes no	YES NO	

POLES

NAME OF HORSE	ALL AGES	Total
	\$25	
	\$25	
	\$25	
	\$25	

Exhibitions

# ___ x \$5	
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Total for Entries

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In submitting my entry, I hereby release the show organizer, The NBHA, and any official, employee, director, or agent of same, from any claim or right for damages, which may occur to myself, my family members, my horse(s) or my personal property at this show or in transit.

Signature _____ Date _____
 Parent if under 18 _____ Date _____