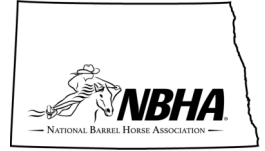


Ramsey Riders 4-H Club

Entry Form



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

How would you like your payout? Mark box

PayPal Check

NAME OF HORSE/USE REGISTERED NAME IF RIDING	PEE WEE 10 AND UN- DER	OPEN 4D ALL AGES	YOUTH 4D 18 AND UN- DER	NBHA Side Pot	CARRY OVER TIME	TOTAL
	\$5	\$20	\$10	\$25	YES NO	
	\$5	\$20	\$10	\$25	YES NO	
	\$5	\$20	\$10	\$25	YES NO	
	\$5	\$20	\$10	\$25	YES NO	

POLES

NAME OF HORSE

ALL AGES	Total
\$25	
\$25	
\$25	
\$25	

Exhibitions

#__ x \$5	
Office Fee	\$5
Total for Entries	

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 _____