7TH ANNUAL PAYING IT FORWARD BARREL RACE

\$2,000 ADDED

SEPT 17, 2022 NORTHCREST EQUINE CENTER

| Rider | Address | | | | - | | | MI Co | | t: -800-9562 | |
|--|--|---|--|------------------|--|-----------|---------------|--|------------|------------------------|-----|
| City, St, Zip | | _ / | | ORE | | | S P | hana enny | 214 972 | -949-7455 -989-4653 | |
| Phone | | | | the " | P ir. | | | r emai eann@ | | denshelp | .or |
| Email | | | CHELL | ું જ્જ | | | | | | nust be | |
| SSN# | | / = | 18 | Es. | | | | | | th or ent 5th. Drav | |
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| HELPING FAX | WILIES W | ITH | CHII | LDR | REIN | FIG | HT | ING | C . | ANCE | R |
| BRAT will be runn | | | /! | \ / | v, | 3 / | / | / | | / | |
| office and the e | ntry office!!! | | tion | dio | `\ _ <u>;ti</u> 0 | ` / | / 8 | z / , | / پ | | |
| NO REFL | INDS!!! | , | 500 | Sel | \\\S_{\color=0}^{\color=0}\) | / / | 7111 | K, o | /_ | | |
| CHOOSE RUNNING | | CE/ | MIL SOUND | 15,001 15,001 | Seciol Seciol Seciol Seciol Seciol Seciol Seciol Seciol Secion Seciol Se | ASO ATH | o^ /; | A LO A A A A A A A A A A A A A A A A A A | , | Office Use | |
| (Youth runs with Open, F | Run in youth only or | Zali. | MI S | 111/30 | | | | AT PROTO | | Draw Numbers | |
| yth/carryover to | | 10.0 | <u>// </u> | , V: 0 |) O | 1, | //// | 8/ X | | | |
| Horses Registered Name "Horse 1" will not be accepted, you ma | (Please Enter Name, ay change at race) | 1 | 2 | 3 | \$60 | \$25 | \$25 | | | | |
| | | - | | | | , | , | | | | |
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| 5 | | | | | | | | | | | |
| ENTRY SUMM | IARY COM | | EDULE | | | | | AM | - | | |
| 8:45 - 9:45 Sec 1 Exh _ | x \$5 \$ | | 1 Exh 8 | | | , | | | | | |
| 12-1pm Sec 2 Exh _ | x \$5 \$ | | 1 Open 2 Exh 1 | | | | | | | | |
| | | | 2 Open | • | | • | 00) | | | | |
| 3:15-4:15 Sec 3 Exh _ | x \$5 \$ | Sec : | 3 Exh 3 | 3:15-4: | 15 (Lir | nit 50) | | | | | |
| Open 5D _ | x \$60 \$ | | 3 Open | | • | • | | | | | |
| (\$5 per horse to HH) | | Mail E | ntries to | o: Hayd | lens's H | lelp Po | O Box | 652 C | rand | all, Tx 7511 | 4 |
| Yth 13 Under _ | x \$25 \$ | | | | | | | | | | |
| (\$5 per horse to HH) | | Requests(Hauling with/ perferred times, etc | | | | | | | | | |
| Adult/Sr Inc _ | x \$25 \$ | | | | | | | | _ | | |
| Office Fee _ | \$10 | | | | | | | | _ | | |
| Grand Total | | _ | | | | | | | | | |
| PNING: Under Toyas Law (chap | tor 97 givil practice or | d romadi | oc code) | duo to s | tha inha- | ont ricks | of one | ino activ | ,iticc | | |

WARNING: Under Texas Law (chapter 87, civil practice and remedies code), due to the inherent risks of equine activities, an equine professional is not liable for any injury to or the death of participant, participant's horse(s) or participant's child(red) in equine activities. I herby release Northcrest Equestrian Center, Hyden's Help foundation Barrel Race and their respective officers, agents, management, contractors, and employees from any expense, cause of action, damage or claim of damage (including legal fees) of any kind whatsoever that participant or participant's child(ren) might assert as a result of death or injury to participant, participant's child(ren), or participant's horse(s), or damage to equipment. Participant agrees to abide by rules of the show management and affirms that all horse(s) that are brought onto premises have current negative coggins and health papers.

AGE CERTIFICATION: By my signature below I certify that I am 18 yrs of age or older or that I am the parent or legal guardian of the participant/entrant who is under the age of 18.

| Signature | Print Name | Date | |
|-----------|-------------------|------|--|
| | | | |