## **Slidin Daze Ranch Horse Sizzler**

## **COMPETITION ENTRY FORM**

Double G Arena, Briggsdale Colorado ~ July 10-12, 2015 32751 Highway 14 Ault, CO 80610

<u>Pre-Registration – Postmarked or E-Mailed By July 3rd (Mailed Entries Accepted ~ Pay At Show)</u>
Computer Registration Fee Waived on ALL Horses Pre-Entered by July 3rd
Pre-Entered Contestants that do not show will still be responsible to pay office and cattle fees

## One entry per horse/rider combination per Division

Exhibitor's Name:				der combinati		) Phone	
				City:			
				Owner'sName:			
				License #			
			-	CoWN Member #			
assume those ris employees, volun	ks. I agree t teers, or part	that I will not icipants liable	hold Show Ma for any injury o	tand the risks involvenagement, Double or property damage rid this release and und	G Arena nor sing out of or	any of the CoWN caused by the Am	directors, officer
				: I certify that I hav assified by ASHA as			ensation for ridin
Exhibitor Signat	ure:						
Signature of Par	ent or Guard	lian if Particip	ant is a minor:				
rcle 1 Division >>	Open	Non-Pro	Ltd Non- Pro	Green Horse NP OPEN	Novice	Youth 8-13 14-18	Open Youth
All 4 Classes ncludes Cattle Charge)	\$130	\$ 130	\$ 125	<b>\$ 125</b>	\$ 110	\$90	\$50
Pleasure	\$25	\$25	\$25	\$25	\$20	\$15	\$15
Trail	\$25	\$25	\$25	\$25	\$20	\$15	\$15
Reining	\$25	\$25	\$25	\$25	\$20	\$15	\$15
Working Cow (Incl Cattle Charge)	\$65	\$65	\$60	\$60	\$60	\$55	\$15
Total Fees	\$	\$	\$	\$	\$	\$	\$
<ul> <li>Office Charg</li> <li>ASHA Memb</li> <li>ASHA Horse</li> <li>CoWN Memb</li> <li>Stalls # Hors</li> <li>RV Fee: \$15</li> </ul>	th Jill Cook e \$15 <i>per e</i> ership Fee Competition pership Fee ses /nightnig	and Justin He ntry (\$25): In License (\$1 (\$25) # Nights hts Ele ee (Waived o	Complete 5): Complete Complete\$15/nighetric Only <i>Lim</i>	separate ASHA me separate HCL appropriate CoWN not Limited, first resided, first reserved by July 3rd)	plication and nembership eserved firs	required forms form t assigned gned	\$\$ \$5 15.00 \$\$ \$\$ \$\$ \$\$ \$\$

WINNINGS TO BE PAID TO \_\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_