

SUNDAY ONLY

RIDER: _____ WPRA # _____
 PLEASE PRINT SO WE CAN READ IT

HORSE NAME: _____
 PRINT REGISTERED NAME OR BARN NAME FOLLOWED BY YOUR LAST NAME

ADDRESS: _____ PHONE # _____

CITY: _____ STATE _____ ZIP _____

SSN # _____ REQUIRED Coggins: _____

Email Address: _____

In submitting my entry, I hereby release the show producer or any employee, volunteer or agent of WrapN3 from any claim or right for damages which I may incur while participating in the event or while on the grounds of said event to include loss of property, life or injury. I also certify that I have in my possession a current & certified coggins for the above named horse. My signature is an acknowledgment of the WrapN3 event rules and that I agree to participate at my own risk to self and horse.

Signature: _____

Must Be Signed By Contestant or Parent/Guardian For Minors Date

OPEN \$55 PER DAY = \$ _____ 55 _____
 (includes \$5 office charge)

3D AGE Incentive Race \$20 \$ _____ Youth 18 & Under
 Age As Of Jan 1

\$ _____ Adult 19-49

\$ _____ Senior 50 & Over

FUTURITY SIDEPOOT = \$25 \$ _____

DERBY SIDEPOOT = \$25 \$ _____

Total \$ _____

TO PRE ENTER BY MAIL POSTMARK FORM BY APRIL 13 TO: WRAPN3 PO BOX 1625 THREE RIVERS, TX 78071

OR SCAN VIA EMAIL IN PDF FORMAT ONLY TO SNAZZY1414@YAHOO.COM BY APRIL 20

WITH CREDIT CARD INFO:

CREDIT CARD NUMBER _____

EXP DATE ____ / ____ / ____ CODE ON BACK _____ BILLING ZIP CODE _____