



TEXAS EXTREME BARREL
CLASSIC

Sunday ONLY - Jan 6 TH

SUN _____



Brazos Valley
Equine Hospitals

RIDER: _____ PESI STALLION INC ___ YES

PLEASE PRINT SO WE CAN READ IT

WPRA # _____

HORSE 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 \$50 = \$ _____ 50 _____
(INCLUDES \$5 OFFICE CHARGE) Age As Of Jan 1
3D AGE Incentive Race \$25 _____ Youth 18 & Under

\$25 _____ Adult 19-49

\$25 _____ Senior 50 & Over

DERBY SIDEPOT \$50 _____

Total \$ _____

MAKE CHECKS PAYABLE TO WRAPN3 P. O. BOX 1625 THREE RIVERS, TX 78071

CC PAYMENTS TAKEN WITH 4.5% SERVICE CHARGE # _____

EXP DATE ___ / ___ / ___ CODE ON THE BACK _____

BILLING ZIP CODE _____

NO PAYMENT WILL BE AWARDED WITHOUT A CURRENT W9 FORM ON FILE. THEY ARE LOCATED AT WRAPN3.COM.