

Individual Events - Entry Sheet

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Saddle Club _____

Name of Show Bull City Roughriders **Date** June 15 & 16, 2024

| Mark Events Entered | Event Name | TIME | PLACE |
|---------------------------|------------------------------|------|-------|
| | Lead Back Race | | |
| | 360 Eight Race | | |
| | Pole Bending Race | | |
| | Key Race | | |
| | Half 8 Race | | |
| | Polo Turn | | |
| | | | |
| | Western Lead Line (1-5) | | |
| | Walk Trot Horsemanship (1-7) | | |
| | Reining | | |
| | Two Barrel Flag Race | | |
| | Straight Barrels | | |
| | Flying W Race | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Contact Number or Email

RELEASE
 I hereby release the **HOST CLUB** of
 all Accidents or Lost of Equipment to
 the rider or the horse.

Rescue Race - Entry Sheet

Name of Show Bull City Roughriders Date June 15 & 16, 2024

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Saddle Club _____



RELEASE

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Contact Number or Email

TIME _____

PLACING _____

Pair Race - Entry Sheet

Name of Show Bull City Roughriders Date June 15 & 16, 2024

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Saddle Club _____



RELEASE

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Contact Number or Email

Are you registered online at kwhaonline.com?

Yes No

TIME _____

PLACING _____

Western Relay - Entry Sheet

Name of Show Bull City Roughriders Date June 15 & 16, 2024

Name of Rider _____

Age Group (Circle one) 1-9 10-13 14-17 Women Sr. Women Men Sr. Men

Name of Rider _____

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Contact Number or Email

TIME _____

PLACING _____