

Rescue Race - Entry Sheet

Name of Show Lane County Saddle Club Date August 10, 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

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

Contact Number or Email

TIME _____

PLACING _____

Western Relay - Entry Sheet

Name of Show Lane County Saddle Club Date August 10, 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 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

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