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 Plainville Saddle Club Date April 20-21, 2024

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



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

Contact Number or Email

Rescue Race - Entry Sheet

Name of Show_Plainvi	Date April 20 & 21, 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

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PLACING_____

Western Relay - Entry Sheet

Name of Show	Plainville Saddle Club					Date			
Name of Didar									
Name of Rider									
Age Group (Circle o	ne) 1	1-9	10-13	14-17	Women	Sr. Women	Men	Sr. Men	
Name of Rider									
Age Group (Circle o					Women	Sr. Women	Men	Sr. Men	
Name of Rider									
Age Group (Circle o	1e) 1	1-9	10-13	14-17	Women	Sr. Women	Men	Sr. Men	
Name of Rider									
Age Group (Circle o						Sr. Women	Men	Sr. Men	
Name of Saddle Clul)								



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

Contact Number or Email

Pair Sack - Entry Sheet

Name of Show Plain	e of Show_Plainville Saddle Club						April 20-21, 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_____