

Rescue Race - Entry Sheet

Name of Show Bull City Roughriders Date June 22 & 23, 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 _____

Pair Sack - Entry Sheet

Name of Show Bull City Roughriders Date June 22 & 23, 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

Are you registered online at kwhaonline.com?

Yes No

TIME _____

PLACING _____

Western Relay - Entry Sheet

Name of Show Bull City Roughriders Date June 22 & 23, 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

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 _____