## **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 22 & 23, 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		



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	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 Cl	ub							



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 Didor								
Name of Rider								
Age Group (Circle on	<b>e)</b> 1-9	10-13	14-17	Women	Sr. Women	Men	Sr. Men	
Name of Rider								
Age Group (Circle on	<b>e</b> ) 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 ShowBL	Bull City Roughriders				<b>Date</b> June 22 & 23, 2024		
Name of Diday							
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)				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)				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**