Individual Events - Entry Sheet

Name of Rider							
Age Group (Circle on	e) 1-9	10-13	14-17	Women	Sr. Women	Men	Sr. Men
Name of Saddle Club							
Name of Show_	Reins	s of Fi	re		Date Au	ıgust 10 8	§ 11, 2024

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



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 Rei	Date August 10 & 11, 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_____

Rescue Race - Entry Sheet

Name of ShowRe	Date August 10 & 11, 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_Rein	ns of Fire				Date August 10 & 11, 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 Caddle Clark							
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_____