

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 August 5 & 6, 2024

Mark Events Entered	Event Name	TIME	PLACE
	Key Race		
	Half 8 Race		
	Two Barrel Flag Race		
	Straight Barrels		
	Lead Back Race		
	Flying W Race		
	Pole Bending Race		
	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 _____
