Events - Entry Sheet

Name of Rider					Rider #		
Age Group (Circle one)	1-9	10-13	14-17	Women	Men	Sr. Women	Sr. Men

Name of Saddle Club

Name of S	how	Bull City Roughriders	Date:	6/27/25
Mark Events Entered		Event Name	Time	Place
	Key Race			
	Half 8 Race			
	Arena Race			
	Lane Barrels			
	-			



 RELEASE

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

Contact Number or Email

Pair Sack (Single Barrel) - Entry Sheet

Name of Show	Bull City Roughriders				Date:	27-Jun-25	
Name of Rider							
Age Group (Circle one)	1-9 10-13	3 14-17	Women	Men	Sr. Women	Sr. Men	
Name of Rider							
Age Group (Circle one)	1-9 10-13	3 14-17	Women	Men	Sr. Women	Sr. Men	
Name of Saddle Club							
Kansas Western Horseman's		RELEASE I hereby release the Bull City Roughriders of all Accidents or Lost of Equipment to the rider or the horse.					
ASSOCIATION IN	C Contact Number or Email						

Time_____

Placing_____