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 Show **SCHC** **Date:** **4/17/2026**

Mark Events Entered	Event Name	Time	Place
	Flag Race		
	Arena Race		
	Half 8 Race		

Kansas WESTERN HORSEMAN'S ASSOCIATION INC

RELEASE

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

Contact Number or Email