

Contestant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Riders Date of Birth: _____

Email Address: _____

WPRA # _____ WCBRA # _____

Futurity/Derby: Dress Code
Open: NO Dress Code

Horse Name: _____



Time Only Runs will be booked ONLINE thru ClassicBarrelRacing.com or SaddleBook.com, beginning Monday, February 18th.

Draw/Vet Out by February 20, 2019 by 6pm, if you have paid your fees, vet/doctor note is required for any refund, maximum refund is 70%. If there is no vet/doctor note there will be no refund. Once the race starts there will be NO refunds. If paid via credit card the 3.2% processing fee is NON refundable.

FUTURITY EVENTS 2D	Futurity/Derby Horses
\$250 ___ Futurity	Sire: _____
DERBY EVENTS 2D	Dam: _____
\$130 ___ Derby	Year Foaled: _____ Owner: _____
1st Pmt Due January 10th 2nd Pmt Due February 10th	
\$25 Late Fee Per Payment	
<small>Please include copy of registration papers or email to Spring@ClassicBarrelRacing.com</small>	

WARM UP RACE FRIDAY (no late fee if entering at race)

- \$35 ___ Friday FUTURITY \$100 Added
- \$25 ___ Friday DERBY SIDEPOT (Carry over from OPEN)
- \$55 ___ Friday OPEN \$500 Added (includes \$5 WCBRA)

OPEN EVENTS 4D

- \$75 ___ Saturday Open (includes \$5 WCBRA) ___ Carry Over from Fut/Derb
- \$75 ___ Sunday Open (includes \$5 WCBRA) ___ Carry Over from Fut/Derb

Co-Sanctions (Carry Over from Open Only)

- \$ ___ ACBRA # _____ \$5 Friday \$5 Saturday \$5 Sunday
- \$ ___ TSBRA # _____ \$5 Friday \$5 Saturday \$5 Sunday
- \$ ___ DDBRA # _____ \$5 Friday \$5 Saturday \$5 Sunday
- \$ ___ BRN4D # _____ \$5 Friday \$5 Saturday \$5 Sunday

\$20 Office Fee (One time per contestant)

\$ _____ **Total Futurity, Derby or Open Entry Fees Due**

\$ _____ **Total Sidepots Due**

\$ _____ **Total Stalls & RVs & Shavings Due**

\$ _____ **Late Fee** (Open Saturday & Sunday \$25 after 2/18/19)

\$ _____ **GRAND TOTAL DUE CASH or Credit Card ONLY at Race**

I am submitting my entry, All contestants and their family members are expected to display good sportsmanship at ALL times. No level of abuse toward any animal at this event will be allowed. Foul language, misconduct or abusive comments spoken to any contestant, spectator, staff member or volunteer will result in immediate contestant disqualification and no refund of entry fees. Contestants are also responsible for traveling companions and family members. All decisions made by the race director are final in submitting my entry; I hereby release the show organizers; C-N Quarter Horses, Classic Barrel Racing, Spring and or Jason Krogue and anyone else from any claim or right for damages which may occur to me, my horse, my child or any other property at this event. I realize that there are certain risks in any sport and I take full responsibility for myself and or my child if an accident should occur. It is also understood that by signing this entry I have read, understand and agree to abide by all rules.

Contestant or Parent/Guardian Signature: _____ Date _____

SIDEPOTS (Carry Over from Open)

- \$25 ___ Saturday Sidepot Ages 18 & Under
- \$25 ___ Sunday Sidepot Ages 18 & Under
- \$25 ___ Saturday Sidepot Ages 19-45
- \$25 ___ Sunday Sidepot Ages 19-45
- \$25 ___ Saturday Sidepot Ages 46+
- \$25 ___ Sunday Sidepot Ages 46+

COVERED STALLS

- \$25 ___ Thursday Night
- \$25 ___ Friday Night
- \$25 ___ Saturday Night
- \$25 ___ Sunday Night
- # ___ Shavings at \$8 Each

UNCOVERED STALLS

- \$20 ___ Thursday Night
- \$20 ___ Friday Night
- \$20 ___ Saturday Night
- \$20 ___ Sunday Night

RV SPACE

- \$30 ___ Thursday Night
- \$30 ___ Friday Night
- \$30 ___ Saturday Night
- \$30 ___ Sunday Night

Open 4D pre-entries close Monday, February 18th, \$25 late fee applies thereafter.

Check Payments Payable to: **C-N Quarter Horses**

Mail to: Classic Barrel Racing, 5246 Maple Road, Vacaville, CA 95687

Credit Card Payment (3.2% will be added to amount charged)

Amount to charge upon receipt \$ _____ (first payment +Office Fee)

Amount to charge on February 10th \$ _____

Credit Card# _____

Expiration _____ CVV _____ Zip Code _____

Authorized Signature _____