



Idaho Barrel Futurity at Idaho Center Horse Park

This Race
Sponsored by



Silver Lining Herbs
HEALTH PRODUCTS FOR HORSES AND DOGS

FRIDAY May 3, 2019 7:30pm and you may pre-enter this Race

****all proceeds to go towards growing this race****

JACKIE ROESER MEMORIAL - 2D Sweepstakes - 1/2 second split

80% pay Out, 70% 1D - 30% 2D - \$2000 cash added & Awards


****PLEASE NOTE: NO CHECKS WILL BE ISSUED WITHOUT A SSN# OR ADDRESS!**

One entry blank per person

Friday night 1st Draw at 5pm and entries will close at 7pm, final Draw to follow.

NAME: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE #: _____ SSN/Tax ID # (required for any winnings) _____

 Silver Lining Herbs HEALTH PRODUCTS FOR HORSES AND DOGS	2D Sweepstakes \$2000 Added \$80								<i>Total Due</i>
HORSE 1:									
HORSE 2:									
HORSE 3:									
HORSE 4:									

Make checks payable to: IBF

Mail to
IBF
9484 S Snaffle Bit Lane
Kuna, ID 83634

You May Pre-enter this race
FMI - Kelli 208-309-0564 -Max 208-337-2277
or idahobarrelfuturity@gmail.com or www.idahobarrelfuturity.com

Total Entry Fee:	
Office Fee: \$10	\$10.00
Total Due:	

By submitting the above entry, I hereby agree to subject myself and my horses to the rules and regulations of the IBF and the Idaho Horse Park. I further assume all risk of injury from my involvement with the activities related to this entry, and hereby expressly agree to forever discharge, release, defend, indemnify, and hold harmless the Idaho Barrel Futurity, the Idaho Horse Park, any sanctioning body, or any of their officers, directors, employees, agents, representatives, or participants from and against all losses, liabilities, obligations, or damages whatsoever suffered by myself, my horses, equipment, family or guests, as a result of my participation in the event.

Signed: _____

Date: _____

****Parent or guardian if under 18 yrs of age****

****Ties will be determined by a coin flip if needed for Awards.****

You must abide by the Idaho Center's Rules while at this event

Please ask them for this information when you check in.

OFFICE USE ONLY		Draw Number
Entered: _____	Special Notes: _____	
Paid: _____	Check No: _____ Owes: _____	