



PLEASE COMPLETE A SEPARATE FORM FOR EACH DIVISION YOU ENTER.



- | | | |
|--|--|---|
| <input type="checkbox"/> #16 \$500/ROPER | <input type="checkbox"/> #11 \$500/ROPER | <input type="checkbox"/> #10 \$500/ROPER CAPPED AT A #6 HEELER |
| <input type="checkbox"/> #14 \$500/ROPER | <input type="checkbox"/> #9 \$300/ROPER CAPPED AT A #5 ELITE | <input type="checkbox"/> #9 EXECUTIVE \$500/ROPER HEELER |
| <input type="checkbox"/> #12 \$500/ROPER | <input type="checkbox"/> #10 EXECUTIVE \$500/ROPER HEELER | <input type="checkbox"/> #8 \$300/ROPER CAPPED AT A #4 ELITE |

TEAM ROPER NAME: _____ HD HL

ADDRESS: _____

CITY/STATE/ZIP: _____

SSN: _____ DATE OF BIRTH _____ CELL PHONE _____

TRIAD ID # _____ CLASSIFICATION # _____

\$ _____

PARTNER NAME: _____ HD HL

ADDRESS: _____

CITY/STATE/ZIP: _____

SSN: _____ DATE OF BIRTH _____ CELL PHONE _____

TRIAD ID # _____ CLASSIFICATION # _____

\$ _____

PO BOX 1188
JAY, OK 74346
918-837-0048 OR 918-798-0159

TRIAD ID # _____ CLASSIFICATION # _____

SSN: _____ DATE OF BIRTH _____ CELL PHONE _____