



NWBHA 06 Co-Sanction

Recap Worksheet

Date of Race: _____

Location of Race: _____

Arena Name: _____

Producer Name: _____

Producer Phone #: _____

Mailing Address: _____

RUN FEES

Open Fees Collected _____ x \$3.00 = _____

Youth Fees Collected _____ x \$3.00 = _____

Senior Fees Collected _____ x \$3.00 = _____

Total _____

PLEASE BE SURE TO INCLUDE A LIST OF NAMES OF THOSE WHO PAID POINTS FEES FOR EACH CLASS

Total number of NWBHA membership applications enclosed _____

Signature

Date

Please make check payable to: **NWBHA 06**

Mail to:
Athena Hagins
2511 Alder RD, Pasco, WA 99301
Call if you need help or have questions **(509) 366-3452**