Date:			
	 	 	 _

CARROLL COUNTY

Coggins:	

Roll Over: Y / N

Entry #: _____



Carroll County Western Circuit IBRA Entry Form

Exhibitors Name:		Horses Name:
Address:		Email:
Office Fee is per Horse. IBRA	\$2 Fee is	already included in classes 99 - 102
97. Exhibition Barrels #@	9 \$5	
98. Pee Wee Barrels	\$5	
99. Open 4D Barrels	\$27	
100. Youth 4D Barrels (18 & Under)	\$17	
101. Masters 4D Barrels (40 & Over)	\$17	
102. Adult 4D Barrels (19 to 39)	\$17	
Office Fee	\$4	
	Total Du	ıe:

A Roll Over must be announced to the show office prior to your Open run.

In accepting my entry, I hereby release Carroll County Western
Circuit, the officers the Board of the Directors, and members from
any/or claims/damages or wrong doing, which may occur to my
horse or myself. I also assume all responsibility when not wearing a
helmet or a wearing a non-ASTM/SEI approved helmet with a fixed
harness while riding/mounting on a horse. I also assume
responsibility for any and all damages done by my horse or myself.
Signature of Owner/Exhibitor:
If under 18,
Parent or Guardian:

Offic	Office Use:	
	Check #	
	Cash	
All vo	uth 17 & Under	
on Ja	uth 17 & Under	
on Ja and ri		