RANCH SORTING TEAM PENNING ASSOCIATION
RANCH HAND ENTRY FORM

Class Name: _____

Your Name: _____ ***Phone**: _____

1. Gate_____Sorter_____

2. Gate_____Sorter _____

3. Gate_____Sorter _____

4. Gate_____Sorter _____

5. Gate _____Sorter_____

6. Gate _____Sorter_____

7. Gate _____Sorter_____

8. Gate _____Sorter_____

9. Gate _____Sorter_____

10. Gate _____Sorter_____

Total Number of Draws (including Auto Draws):_____Total # of Rides in class: _____

MUST RIDE 4 TIMES FOR THIS SHOW TO COUNT TOWARDS RSTPA FINALS