

RANCH SORTING TEAM PENNING ASSOCIATION
RANCH SORTING ENTRY FORM



Class Name: _____

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

1. Partner #1 _____
2. Partner #2 _____
3. Partner #3 _____
4. Partner #4 _____
5. Partner #5 _____

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

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

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