

RANCH SORTING TEAM PENNING ASSOCIATION
TEAM PENNING ENTRY FORM



Class Name: _____

Your Name: _____ *Phone: _____

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

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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6. Partner #1 _____ Partner #2 _____
7. Partner #1 _____ Partner #2 _____
8. Partner #1 _____ Partner #2 _____
9. Partner #1 _____ Partner #2 _____
10. Partner #1 _____ Partner #2 _____

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