

# 2017 BRR Gymkhana Entry Form

## Novice Divisions

Rider: _____ Horse: _____ Division: <input type="checkbox"/> Lead-Line: \$15 Total/All Patterns <input type="checkbox"/> Walk-Trot: All Ages/No Loping <input type="checkbox"/> Schooling: Time Only/2nd Horse Events: <input type="checkbox"/> All 3 Patterns: \$15 <input type="checkbox"/> #1 Barrels Only: \$5 <input type="checkbox"/> #2 Poles Only: \$5 <input type="checkbox"/> #3 Bonus Only: \$5	Rider: _____ Horse: _____ Division: <input type="checkbox"/> Lead-Line: \$15 Total/All Patterns <input type="checkbox"/> Walk-Trot: All Ages/No Loping <input type="checkbox"/> Schooling: Time Only/2nd Horse Events: <input type="checkbox"/> All 3 Patterns: \$15 <input type="checkbox"/> #1 Barrels Only: \$5 <input type="checkbox"/> #2 Poles Only: \$5 <input type="checkbox"/> #3 Bonus Only: \$5	Rider: _____ Horse: _____ Division: <input type="checkbox"/> Lead-Line: \$15 Total/All <input type="checkbox"/> Walk-Trot: All Ages <input type="checkbox"/> Schooling: Time Only/2nd Events: <input type="checkbox"/> All 3 Patterns: \$15 <input type="checkbox"/> #1 Barrels Only: \$5 <input type="checkbox"/> #2 Poles Only: \$5 <input type="checkbox"/> #3 Bonus Only: \$5
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\$	Entry Fees - This Page
\$	Entry Fees - From Page 2
\$	Entry Fees Total - All Pages
\$	Total Fees Due

	BRR Member? Yes or NO
\$	2017 BRR Membership: \$30 Family / \$20 Single
\$	Non-Member Fee: \$20 Family / \$10 Single
	Paid Cash or Check #

*2017 YEAR END AWARDS: Must be a BRR Member; enter all 3 patterns; ride in 4 gymkhanas; volunteer at 2 gymkhanas.*

By signing this form, I agree that the Bear River Riders, Officers, volunteers, property owners, horse owners, sponsors, and Uinta County will NOT be held responsible for any accident or injury to me, my family, my livestock, or my possessions. I have read the above, I have read the Rules, including the Code of Conduct, agree, and understand it fully. \*\*\*All returned checks are subject to a \$25 fee.

Signature (Parent/Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_