

# SABRA ENTRY FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

SABRA Member:            YES            NO

HORSE	Draw #	Open 4D	Youth 15 & Under 3D 1, 2 Second Splits	Poles 2D 2 Second Split	Non Member Fee	Arena Fee	Total
#1		\$45	\$20	\$20	\$5	\$10	
Sub:							
#2		\$45	\$20	\$20	\$5	\$10	
Sub:							
#3		\$45	\$20	\$20	\$5	\$10	
Sub:							

Membership Fee=\$25 Nomination Fee 4D=\$25 Nomination Fee Poles=\$20 Nomination Fee Youth=\$20 Substitution Fee=\$10 Saddle Series=\$40 <b>Circle Fees You Are Paying</b>	Make            Checks            Payable	To SABRA	Time Only \$3 x _____  Other Fees  Cash/Check #	_____  _____  _____  <b>TOTAL</b>
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I, the undersigned, (give my permission for) \_\_\_\_\_ to enter this event, and will not hold the arena owner, SABRA officers, show organizers or any persons connected with this event responsible in case of accident or injury or death which may occur to me, my horse, my child and my property if incident should occur. I understand the risk of this sport and take full responsibility for myself and my child if incident should occur. By signing this is it understood that I have read, agree and understand my full responsibility.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE