

New Years Race

Entry Form

January 1, 2009



\$1,000
 Added CASH
 Buckles
 First in each D

RIDER _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ DOB _____
 EMAIL _____
 SSN# _____

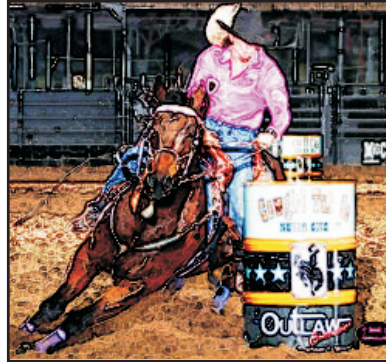
5D Open Entry

Registered Horse Name

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

HORSE NAME - MUST BE INCLUDED
 Enter Same Horse/Rider Combination 1 Time

5D BARREL JACKPOT



\$1,000 Added Cash
5 Buckles - 1st in ea D

JACKPOT TIME
 1:00 pm
 Enter up until last 30 entries
EXHIBITIONS
 11:30am-12:30pm
 No Call-in's enter on arrival
NO LATE FEE
 Send in pre-entry to draw earlier number or enter on arrival up to last 30 entries
 1 / 2 Sec Splits
 28% 24% 20% 16% 12%

Number of Stalls Requested Per Day

Wednesday _____ @ \$20ea
 Thursday _____ @ \$20ea
 Shavings _____ @ \$7ea
 (One \$7 bag of shavings per stall required
 No outside shavings)

Number of Rv's Requested Per Day

Wednesday _____ @ \$20
 Thursday _____ @ \$20

Total Jackpt Race Entries _____ x \$45 = _____
 Total Stall Fee _____ x \$20 = _____
 Total Shavings (1required per stall) _____ x \$ 7 = _____
 Total RV Fee _____ x \$20 = _____
 Total Office Charge One Time _____ = \$15.00

Total if paid by Cash/Check = \$ _____

Credit Card Fee (4%) of Total Fees = _____

Total With Credit Card = \$ _____

Name on Credit Card: _____
 Card Holder Signature: _____

Credit Card Visa or MasterCard (please circle one)
 Credit Card # _____
 Exp Date: _____ Billing Zip Code _____

IDENTIFICATION AND RELEASE OF PERSONAL INJURY/ By signing this document and by making entry as a participant I hereby understand that injury/death to myself, my horse, or my child is a possibility no matter how careful the sponsors, officers, directors or participants may be. And furthermore, I as participant (or parent/guardian), agree to hold harmless Lone Star Arena LLC and it's officers, agents, management, contractors and employees from any expense, cause of action, damage or claim of damage (including legal fees) of any kind whatsoever which I might assert as a result of my (or my child's) injury, death or claim.

I also understand any photograph or video shot of me is the sole property of the current photographer/s on the grounds that day. If I choose not to be photographed or videoed I must inform Lone Star Arena LLC and the current photographer in writing before my run/s. AGE CERTIFICATION/By the appearance of my signature, indicated below, I certify that I am 18 years of age or older. OR that I am the parent or legal guardian of the participant/entrant who is under the age of 18. It is also understood that by signing this entry, I have read, understand, and agree to abide by all the rules that are posted on the www.lonestararena.com website.

Signature: _____ Date: _____ Parent/Guardian Signature: _____

If Contestant is under 18 years of age

Office Use Only

Payment Date: _____ CC Cash Check

\$ Paid: _____ \$ Entered



Mail Checks Payable to:
 Lone Star Arena
 4696 N US Hwy 377
 Stephenville, TX 7640
 Fax 254-965-7781