

Check will be mailed to Rider unless designated otherwise by checking the box, include address & info of person receiving the check.

MARCH 30-APRIL 1, 2012

Postmark by - March 20, 2012

\$8,700
added CASH

Enter 1 section \$50
2 sections \$90/3 for \$135

\$45
ENTRY



ENTRY FORM

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

2012 Season - 2nd Qualifier

WPRA# if applicable) _____

ENTER THE SAME HORSE RIDER COMBINATION UP TO 3 TIMES FRI/SAT/SUN MUST ENTER DIFFERENT SECTIONS BUT HAVE A CHANCE TO WIN ON ALL 3 RUNS

Registered Horse Name (no name no draw)	Friday - March 30				Saturday - March 31				Sunday - April 1				Average incent. \$25
	Open 5D 6 pm \$50	Age incent. \$25	Futurity side pot \$35	Derby side pot \$35	Open 5D 1 pm \$50	Age incent. \$25	Futurity side pot \$35	Derby side pot \$35	Open 5D 1 pm \$50	Age incent. \$25	Futurity side pot \$35	Derby side pot \$35	
1:													
2:													
3:													
4:													
5:													

Check Your Age as of 1/1/12 For age incentive YOUTH (17 & under) ADULT (18-49) SENIOR (50 & up)



* Friday Limited to 250
Saturday Limited to 450* Sunday limited to 400

Open 5D entries (1 section) _____ x \$ 50= _____
 Open 5D entries (2 sections) _____ x \$ 90= _____
 Open 5D entries (3 sections) _____ x \$135= _____
 Total Age Incentive Entries _____ x \$ 25 = _____
 Total Futurity Sidepot Entries _____ x \$ 35 = _____
 Total Derby Sidepot Entries _____ x \$ 35 = _____
 Total Average Incentive Entries _____ x \$ 25 = _____
 Total Friday Stalls _____ x \$ 20 = _____
 Total Saturday Stalls _____ x \$ 20 = _____
 Total Sunday Stalls _____ x \$ 20 = _____
 Total Shavings(1 per stall req) _____ x \$ 7 = _____
 Total Friday RV _____ x \$ 20 = _____
 Total Saturday RV _____ x \$ 20 = _____
 Total Sunday RV _____ x \$ 20 = _____
 Total Office Fee _____ \$20
 Late Fee (if applicable) One Time Only. \$15 = _____
Total if paid by Cash/Check \$ _____
 Credit Card Fee (4%) of Total Fees = \$ _____
Total With Credit Card Fee \$ _____

\$6,000 Cash added to the Open 5D



Mail Checks Payable to:
Lone Star Arena
4696 N US Hwy 377
Stephenville, TX 76401
Fax 254-965-7781

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: _____

Credit Card (Visa or MC Only)
 Credit Card # _____
 Exp Date: _____ Billing Zip Code _____

WWW.LONESTARARENA.COM

Parent/ Guardian If Contestant is under 18 years of age _____

