

Cowboy Capital Race

May 1-3, 2009

\$8,500

Added

Buckles 1st each D

Postmark by
April 21, 2009



Entry Form

RIDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DOB _____

EMAIL _____

SSN# _____

Enter the same horse rider combination up to two times Fri/Sat/Sun must enter different sections.

*** Open 5D \$6,000 ADDED CASH * Youth \$100 * Adult \$300 * Senior \$100**

Registered Horse Name	Friday - 6:00pm	Saturday - 11:00am	Sunday - 11:00am
5D Entry _____ Incentive Entry <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive
5D Entry _____ Incentive Entry <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive
5D Entry _____ Incentive Entry <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive	<input type="checkbox"/> Open 5D <input type="checkbox"/> Incentive
HORSE NAME - MUST BE INCLUDED	Limited to 200	Limited to 400	Limited to 400

Stalls, Shavings & RV
Requested each day. 1 Bag of shavings required

	# Stalls	# Shavings	# RV's
Friday			
Saturday			
Sunday			

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



Total Open 5D entries _____ x \$55 = _____
 Total Incentive Entries _____ x \$20 = _____
 Total Stall Fee _____ x \$20 = _____
 Total Shavings _____ x \$ 7 = _____
 Total RV Fee _____ x \$20 = _____
 Total Office Charge One Time = \$20.00
 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 = \$ _____

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

Name/Card Holder & Signature

Signature: _____

Date: _____

Parent/ Guardian If Contestant is under 18 years of age

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.