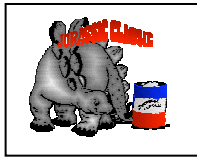


Jurassic Classic Barrel Race
Somervell County Expo Center
Glen Rose, TX
Sept. 2-5, 2010

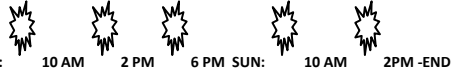


\$2500 added cash
Saddles & prizes in each D
Entries must be postmarked by 8/20/10
to avoid late fees

ENTRY FORM: (Entries must be postmarked by August 20 to avoid late fees)

Rider: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Day Phone: _____ Cell: _____
 E Mail: _____
 SSN#: _____ DOB: _____

5D Open Entry: Check the days you want to run. Please check time choices for Sat/Sun: SAT:



REGISTERED Horse's Name:	\$35 Entry Fee	\$70 Entry Fee (covers Sat & Sun)	\$45 Entry Fee for 1 Day Only
_____	<input type="checkbox"/>	<input type="checkbox"/> Fri 6:00 pm	<input type="checkbox"/> Sat 10:00 am <input type="checkbox"/> Sun 10:00 AM
_____	<input type="checkbox"/>	<input type="checkbox"/> Fri 6:00 pm	<input type="checkbox"/> Sat 10:00 am <input type="checkbox"/> Sun 10:00 AM
_____	<input type="checkbox"/>	<input type="checkbox"/> Fri 6:00 pm	<input type="checkbox"/> Sat 10:00 am <input type="checkbox"/> Sun 10:00 AM

If sections do not fill, you will **not** be moved up earlier!

4D Incentive Race Entries: Check 1 box for each day you want to enter the incentive race. **\$25 EF/Day Age as of 1/1/10**

REGISTERED Horse's Name:	YOUTH (15 Yrs. & Under)			ADULT (16-49 Yrs.)			SENIOR (50 yrs. & over)		
_____	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
_____	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
PEEWEE 2D : Horse's Reg. _____	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun					

Number of Stalls:

Stalls _____ @ \$25
 Shavings _____ @ \$7.50
 Mats limited # _____ @ 15.00

Stalls are rented for Thurs-Sun for one low price. No one-day fee. After 8/20/10, stalls will be \$35. If you want to stall together, you **MUST** note so and send

Indemnification & Release: Personal injury. By signing this document, and making entry as a participant I hereby understand that injury to myself is a possibility no matter how careful the sponsors, directors or participants may be. Furthermore, I as participant (or parent/guardian) agree to hold harmless Stacy Jerrett, Michael Dooley, Somervell County, or its officers, agents, management contractors or employees, from any expense, cause of action, damage or claim of damage, including legal fees of any kind whatsoever which I might assert which might result as a result of my or my child's injury, death or claim. Property Loss or Injury: I further agree to hold harmless the aforementioned parties for any injury or death of any animal and/or loss. Disappearance, theft or damage to any property while in or upon the premises of the Somervell County Expo Center. I also understand that any video or photography shot of me is the sole property of the videographer or photographer and its owners. If I chose not to be videoed or photographed, I must inform both the videographer and photographer before my runs. 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/guardian of the participant who is under the age of 18.

Signature: _____ Printed name: _____ Date: _____

TOTAL ENTRIES:	_____	X \$70 =	_____
FRIDAY ENTRIES	_____	X \$35 =	_____
TOTAL ONE DAY ONLY OPEN ENTRIES	_____	X \$45 =	_____
TOTAL INCENTIVE RACE ENTRIES PER DAY:	_____	X \$25 =	_____
TOTAL STALL FEES: \$35 after 8/14/09	_____	X \$25 =	_____
TOTAL SHAVINGS:	_____	X \$ 7.50 =	_____
For RV spaces, call to reserve w/ Credit card. 254-897-4509. Limited #			
One Time Office Charge:	_____	X \$15 =	\$15.00
LATE FEE (ONE TIME ONLY)	_____	X \$10 =	_____
TOTAL (Don't forget to add the \$15 office charge)	_____		_____

Credit Card Info

Name on card (print): _____ Type: Visa or MC
 Acct Number: _____ Exp Date: _____
 Billing Zip Code: _____ Card Holder Signature: _____

Call Expo Center days at 254-897-4509 for info or Stacy Jerrett 254-965-3623 nights (5-9) or somexpo3@glenrose.org or stacy_jerrett@yahoo.com MAKE CHECKS PAYABLE TO: EXPO CENTER

Mail to: Expo Center-

P. O. Box 8
 Glen Rose, TX 76043