



Jurassic Goes West Hotter Than I Should Be

July 3-5, 2008

Midland County Horseshow Arena P. O. Box 1660 Midland TX 79702

866-471-7463 or 432-682-1300 - Fax 432-682-1303

Www.midlandhorseshoe.com



Name: _____ Day Time Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____



***** You Must Put Horses Name! If registered, please provide horses full registered name*****

Please make 3 choices for each day running. Place 1, 2, 3 in the appropriate box. **NO GUARANTEES**

Friday 2pm 3pm 4pm 5pm 6pm 7pm 8pm

Saturday 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm

Horse 1: _____

Please Check The Classes You Want To Enter

Open 5D

Youth Incentive* 4D

Adult Incentive* 4D

Senior Incentive* 4D

(16 & under on 1-1-08)

(17-49 on 1-1-08)

(50 & over on 1-1-08)

Fri & Sat \$70
 Fri OR Sat \$45
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Horse 2: _____

Please Check The Classes You Want To Enter

Open 5D

Youth Incentive* 4D

Adult Incentive* 4D

Senior Incentive* 4D

(16 & under on 1-1-08)

(17-49 on 1-1-08)

(50 & over on 1-1-08)

Fri & Sat \$70
 Fri OR Sat \$45
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Horse 3: _____

Please Check The Classes You Want To Enter

Open 5D

Youth Incentive* 4D

Adult Incentive* 4D

Senior Incentive* 4D

(16 & under on 1-1-08)

(17-49 on 1-1-08)

(50 & over on 1-1-08)

Fri & Sat \$70
 Fri OR Sat \$45
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Fri & Sat \$50
 Fri OR Sat \$35
Circle either Fri or Sat

Total Class Fees \$ _____

Late Fee/\$10 After 6/20/08 # Of Classes ____ @ \$10 ea. \$ _____

One Time Office Charge \$ **15.00**

Stalls @ \$35 (Jul 3 1 pm- Jul 6 noon) (\$45 After 6/20/08) \$ _____

Shavings# Of Bags ____ @ \$8.00/Bag (1 Bag Minimum) \$ _____

Total \$ _____

Signature _____

Print Name _____ Date _____

Indemnification & Release Personal Injury/By signing this document and by making entry as a participant I hereby understand that injury to myself 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 Stacy Jerrett, Michael R Dooley, Tammy Dooley, Midland County or it's 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 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 Midland County Horseshoe Arena. "I also understand that any video or photograph shot of me is the sole property of the videographer and photographer and/or Dooley Management Company (DMC) and its owners. Photos may be used in any promotional advertising, brochure or news release. If I choose not to be videoed or photographed I must inform both the videographer and photographer, and DMC before my run/s. " Age Certification /By the appearance of my signature, indicated above, I certify that I am 18 (eighteen) 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 (eighteen).

***You Must Carry Over Time From Open 5D**

Pre Entry Deadline Postmarked By 6/20/08

Payment Options: Check/Money Order/Credit Card (MasterCard or Visa only) **Please Do Not Send Cash**

If Paying By Check Payable To: DMC & You Must Have DL# & Birth Date On Check

Name on Credit Card (please print): _____ Credit Card Number: _____

Card Holder's Signature: _____ Exp Date: _____ Billing Zip Code: _____

Office Use Only

Date Received: _____ Cc Ck Mo _____ Stall # _____ Run Number: Friday _____ Saturday _____ Sunday _____

Amount Paid: \$ _____