



AUGUST 28th - 30th, 2015

\$7,250 ADDED

WPRA & BBR Approved/NBHA Sanctioned for many NBHA Texas Districts (Must show proof of current membership)

Youth & Senior can be carried over in Open, please use c/o in the box. Friday is mandatory carry-over for Youth & Senior.

**202 Bo Gibbs Blvd.
Glen Rose, TX 76043**

| | | | | | | | | | | | | | | | | | | | |
|------------------|---------------|-------------------|-------------------|-----------------------|----------------------|--------------------|---------------------|-----------------------|----------------------|----------------------|------------------|---------------|-------------------|---------------------|--------------------|---------|-----------------|-------------|------------|
| FRIDAY - 5D OPEN | FRIDAY - NBHA | FRIDAY - C/O NBHA | FRIDAY - YOUTH 4D | FRIDAY - C/O YOUTH 4D | FRIDAY - SENIOR NBHA | SATURDAY - OPEN 5D | SATURDAY - YOUTH 4D | SATURDAY - YOUTH NBHA | SATURDAY - SENIOR 4D | SUNDAY - SENIOR NBHA | SUNDAY - 5D OPEN | SUNDAY - NBHA | SUNDAY - YOUTH 4D | SUNDAY - YOUTH NBHA | SUNDAY - SENIOR 4D | OPEN 5D | WEEKEND SPECIAL | ENTRY TOTAL | NBHA TOTAL |
|------------------|---------------|-------------------|-------------------|-----------------------|----------------------|--------------------|---------------------|-----------------------|----------------------|----------------------|------------------|---------------|-------------------|---------------------|--------------------|---------|-----------------|-------------|------------|

| HORSE'S REGISTERED NAME | \$50 | \$5 | \$25 | \$5 | \$25 | \$5 | \$50 | \$5 | \$25 | \$5 | \$25 | \$5 | \$50 | \$5 | \$25 | \$5 | \$25 | \$5 | \$135 | | |
|-------------------------|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|-------|--|--|
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

AVERAGE SADDLES & PRIZES IN THE OPEN IN EACH D! TOP 5 RECEIVE AWARDS MUST BE ENTERED ALL 3 DAYS TO BE ELIGIBLE FOR AVERAGE AWARDS.

Rider: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Cell Phone: _____
 Email: _____
 DOB: _____ SS #: _____
 NBHA #: _____ Exp Date: _____ District #: _____
 WPRA#: _____ BBR #: _____

****Stalls are rented for Thurs.- Sun. for one low price. After 08/21/15, stalls will be \$55. If you want to stall together, you MUST note so, and send in entries together.**
 Stalls: _____ @ \$45 Each Shavings: _____ @ \$8 Each ****1 Bag Minimum****
****RV's for the weekend are \$50 before the deadline August 21, 2015. After the deadline, RV's will be \$55.**
 RV's: _____ @ \$50 Each

TOTAL STALLS: _____ TOTAL RV'S: _____

| | |
|------------------------|--------------|
| OFFICE FEE: | \$ 15.00 |
| GRAND TOTAL: \$ | _____ |

Make Checks Payable To:
 Expo Center Deposits
 PO Box 8
 Glen Rose, TX 76043
****Entries must be postmarked by 08/21/2015 for pre-entry.**

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 a participant (or parent/guardian) agree to hold harmless Somervell County, NBHA, Lydia Farrar, 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 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 it's owners. If I choose not to be videographed 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.

**Call EXPO Center
 Monday-Friday (8-4) at
 254-897-4509 or
 expevasst@co.somervell.tx.us or
 Lydia Farrar at 254-722-3020 or
 rlfarrar@windstream.net**

CREDIT CARD INFO.-
 Card Holder Name: _____
 Number: _____
 Exp. Date: _____
 Zip Code: _____
 Card Holder Signature: _____

Signature: _____