



5D Format — Guaranteed Payout

FREE 4 ALL

Aug 6- 8- Somervelle Co Expo - Glen Rose, TX

Every Paid Entry Receives a Second Run - FREE

One race run over 3 days - .

Draw will be posted on Tuesday, Aug 3rd

Entries **MUST** be postmarked by Saturday, July 24th to avoid late fee(s) or you can enter online at www.ebarrelracing.com

NOTE: IF YOU HAUL TOGETHER OR WANT TO BE STALLED TOGETHER, YOU MUST SEND YOUR ENTRIES TOGETHER— NO EXCEPTIONS



Schedule of Events:
Friday
 Exhibitions 2pm - 5pm
 Race begins at 6 pm
Saturday
 Day Session - 10 am
 Evening Session - 6 pm
Sunday
 Church Service with Tamara James-
 Race begins at 10 am
 Each Session Limited to
 300 runs

Name : _____
 (Please Print) Check If This is a
 Address : _____ is a new address
 City : _____ St : _____ Zip : _____
 Phone : _____ DOB : _____
 Soc. Sec # : _____
 Email : _____
Entries received without your social security number will be returned.

MAIN RACE- 5D FORMAT - Up to 4 Runs Per Horse Check the box for the day & session that you wish to enter. Each run may be made the same day but must be in a different session If you have more than 1 horse, please use an additional entry form.	4D INCENTIVE CLASSES - \$20 Each - NO FREE INCENTIVES Each entry may enter one rider and one horse class.						Stalls \$17 / night circle choice Check In/out 12 noon	Shavings 1 Bag required per Expo \$8 / Bag	Late Fee \$20 / horse	Fees
	Registered Horse Name	Fri PM	Sat AM	Sat PM	Sun AM	RIDER Youth (18 & under) Adult (19-39) Senior (40+)				
1st Run \$89 Choose Session <input type="checkbox"/> Each Run Must Be In A Different Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI # of Bags \$ _____
2nd Run Free—CHOOSE > SESSION FOR YOUR FREE RUN HERE Each Run Must Be In A Different Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SAT \$ _____
3rd Run \$89 —CHOOSE > SESSION FOR YOUR RUN HERE Each Run Must Be In A Different Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Charge \$ 20
4th Run—Free—CHOOSE > SESSION FOR YOUR FREE RUN HERE Each Run Must Be In A Different Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub Total \$ _____
										3% Merchant Charge \$ _____ (If using Credit Card)
										Total Fees \$ _____

For Further Info Contact Show Producers
 Destry Fleming or Corky Barder - 817-563-RACE
 Mail Entry To: (7223)
 Win\$More Productions
 c/o Destry Fleming & Corky Barder
 PO Box 371
 Mansfield, TX 76063
 Email - destryfleming@uwinmore.com
 NOTE : If you haul together or want to be stalled together, you MUST send your entries together - **NO EXCEPTIONS!!**

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 a participant (or parent/guardian), agree to hold harmless Win More Productions 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.

Signature: _____ Date: _____

Parent/Guardian : _____ Date : _____

NEW ENTRY OPTION - Fax Us Your Entry - 817-409-1837

Card # _____ (Visa / MC/ DISC only)

Name on Card _____

Billing Address _____

City _____ St _____ Zip _____

Exp Date _____ 3 digit code _____ (from back of card)
(Credit Card will be subject to a 3% merchant charge)

