

PUMPKIN ROLLER BARREL RACE

CIRCLE T ARENA, HAMILTON NOV. 27, 28 & 29, 2009

\$5000 ADDED CASH - \$1000 GOES TO EACH D

PRIZES THRU 5 PLACES IN EACH D

POSTMARK ENTRIES BY NOV. 16, 2009 WITH NO LATE FEE

ENTRY FORM: (must be postmarked by Nov. 16 for no late fee)

Rider: _____

Address: _____

City: _____ State: ____ Zip: _____

Day Phone: _____ Cell: _____

E Mail: _____

SSN#: _____ DOB: _____

5D Open Entry: Check the days you want to run. **You can enter the same horse/rider combination up to 2 times in different sections.**

REGISTERED Horse's Name:	\$50 Entry Fee	\$50 Entry Fee	\$50 Entry Fee
_____	<input type="checkbox"/> Fri 7:00 pm	<input type="checkbox"/> Sat 12:00 pm	<input type="checkbox"/> Sun 10:00 AM
_____	<input type="checkbox"/> Fri 7:00 pm	<input type="checkbox"/> Sat 12:00 pm	<input type="checkbox"/> Sun 10:00 AM
_____	<input type="checkbox"/> Fri 7:00 pm	<input type="checkbox"/> Sat 12:00 pm	<input type="checkbox"/> Sun 10:00 AM

4D Incentive Race Entries: Check one box for each day you want to enter the incentive race. **\$25 Entry Fee /Day**

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

Number of Stalls Per Day:

Fri. _____ @ \$20 each

Sat. _____ @ \$20 each

Sun. _____ @ \$20 each

Shavings _____ @ \$7 each

Number of RV's Per Day:

Fri. _____ \$20 each

Sat. _____ \$20 each

Sun. _____ \$20 each

Mail to: Circle T Arena

P O Box 871

Hamilton, TX 76531

254-386-3559 Fax: 254-386-4350

TOTAL ENTRIES: _____ X \$50 = _____

TOTAL INCENTIVE RACE ENTRIES: _____ X \$25 = _____

TOTAL STALL FEES: _____ X \$20 = _____

TOTAL SHAVINGS: _____ X \$ 7 = _____

TOTAL RV FEES: _____ X \$20 = _____

TOTAL OFFICE CHARGE ONCE/PERSON: _____ X \$15 = _____

LATE FEES IF AFTER 11/16 (ONE TIME PER CLASS) _____ X \$10 = _____

TOTAL IF PAID BY CASH/CHECK _____

Credit card: Name on card: _____ Type: Visa or MC

Account Number: _____ Exp Date: _____

Billing Zip Code: _____ Add 4% of TOTAL FEES: _____ TOTAL: _____

Call Arena days at 254-386-3559 for info or Stacy Jerrett 254-965-3623 nights or stacy_jerrett@yahoo.com or mekksmith@yahoo.com or tbeshears@htcomp.net MAKE CHECKS PAYABLE TO: CIRCLE T ARENA