

CONTESTANT			
NAME_			
,		<del>-</del>	
ADDRESS			
CITY/STATE/ZIP			
PHONES	SOCIAL SECURITY		
<b>TOP GUN OPEN 4D</b> \$45 ENTRY FEE/HORSE		Total	
HORSE			
		POSTMARK BY: August or more information: (406) 925- SEND TO: UBRC	
		1 DOGWOOD DRIVE	
* PLEASE MAKE CHECKS TOTAL ENTRY FEES	S TO:UBRC	PARK CITY, MT 59063	
OPEN			
TIME ONLYS-SOLD AT OFFICE FEE	FFICE		
(OPEN \$10 PER PERSON)			
Late fee \$10			
TOTAL			
If Participant is a minor, signature of parent required. As expressed by MCA 27-1-725, Mo	ntana Code, it is the policy of th	cipant is a minor, signature of parent or guardian e state of Montana that persons who participate	e in
-	· · · · · · · · · · · · · · · · · · ·	of which the participant is or should be aware. Is stock Horse Sales, Miller's Horse Palace any office	
	= =	e from any claim or right for damages which may	
to me, my horse, my child or other property a	at this event. I realize there are o	certain risks in any sport and I take full responsib	ility for
myself and or my child if any accident should abide by all the rules.	occur. I also understand that by	singing this entry I have read, understand and a	gree to
Contestant:	Parent or Guardian:	Date	