



Event High Plains Trail Riders

Date Aug 10 & 11

Division _____

(For a list of divisions please see www.obstaclechallengeseries.com or FB page)

Rider Name _____

Address _____ City _____

State _____ Zip _____ Telephone _____ Email _____

Emergency Contact _____ Phone _____

Parent or Legal Guardian Name If under 18: _____

Signature of Rider or Legal Guardian _____

HORSE INFORMATION

Horse's Name: _____ Breed _____ Age _____ Mule?

Sex _____ Color _____ BLM Mustang? _____ Neck Branded? _____ If you wish to participate with more than one horse, you must complete a separate form and pay an entry for each horse.

Special Instructions: Pre register by Aug 4^h and receive \$5.00 off the regular Division fees.

Jackpot Race after all divisions are complete, 100% payout 1st thru 3rd (50-30-20). Cost is additional \$20.

Make checks payable and mail to: High Plains Trail Riders PO Box 937 Strasburg, CO 80136

**~Please familiarize yourself with the 2019 rules online prior to day of race ~
www.coloradoobstaclechallenge.com**

-----: Host Use Only
Date Received _____ Check # _____ Amount \$ _____ Entry # _____