**Event: Kit Carson Riding Club**

Date\_\_\_\_\_\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For a list of divisions please see [www.obstaclechallengeseries.com](http://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\_\_\_\_\_ 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:** Payment received before Sept 5th $20.00. After Sept 5th or day of registration cost is $25.00 for all classes..

Contact Rosie Mitchell luv2lope@skybeam.com 719-339-2942

**Jackpot Race at end of all divisions, 100% payout 1st thru 3rd (50-30-20). Cost is additional $20.**

**Make checks payable and mail to:** Kit Carson Riding Club

**Address** Mail to: Rosie Mitchell, 6315 Yoder Rd, Calhan, Co 80808

**~Please familiarize yourself with the 2017 rules online prior to day of race ~** **www.coloradoobstaclechallenge series.com**

**---------------------------------------------------------------------------------------------------------------------**: Host Use Only Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry #\_\_\_\_\_\_\_\_\_\_\_\_\_\_