**Event: 2019 Final Event Kit Carson Riding Club**

Date\_\_\_\_\_\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For a list of divisions please see [www.coloradoobstaclechallengeseries.com](http://www.coloradoobstaclechallengeseries.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 September 5th  $20.00.

 Day of registration cost is $25.00 for all classes.

Contact Chris Sarah rcsu7ranch@msn.com 719-433-0399

 **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** Kit Carson Riding Club PO Box 88075 Colorado Springs, CO 80908

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

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