



Event Indiana Equestrian Center

Date July 12th 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 July 4th 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 to: Cindy Williams
mail to: 13660 US Highway 287 Eads CO 81036**

**~Please familiarize yourself with the 2020 rules online prior to day of race ~
www.coloradoobstaclechallenge series.com**

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