



Event: Kit Carson Riding Club

July 18th 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 _____ If you wish to participate with more than one horse, you must complete separate form and pay an entry for each horse.

Do you want to ride towards the: _____ Beginning _____ Middle _____ End of your Division?

Special Instructions: Pre register by July 9th and receive \$5.00 off the regular Division fees of \$28.00

Contact Rosie Mitchell [luv2lope @icloud.com](mailto:luv2lope@icloud.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 2021 rules online prior to day of race ~
www.coloradoobstaclechallenge series.com

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

