



Event Scott and Lisa Whitworth

Date Aug 19 & 20

Division _____

(For a list of divisions please see www.coloradoobstacleseries.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 a separate form and pay an entry for each horse.

Do you wish to ride towards the: ___ Beginning ___ Middle ___ End of your Division

Special Instructions: Pre register by Aug 12th and receive \$5.00 off the regular Division fees of \$28.00

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: Lisa Whitworth
41215 Alta Vista Rd. Ramah CO 80832**

**~Please familiarize yourself with the 2023 rules online prior to day of race ~
www.coloradoobstacleseries.com**

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