

# 2018 PATRIOT FINALE *FOUNDER* ENTRY FORM

## ENTRY GUIDELINES:

- \*FOUNDER (FIRST YEAR PARTICIPANT): FOUNDERS HAVE FIRST RIGHTS DEC. 1-DEC. 31, \$1000 ROPER
- \*DIRECT ENTRIES/BOOKS OPEN TO PUBLIC: JAN.1-FEB.10, \$1200 ROPER
- \*CURRENT COGGINS AND HEALTH PAPERS REQUIRED
- \*MUST BE CURRENT USTRC OR WSTR MEMBER
- \*ENTRY MUST BE POSTMARKED BY DEC 31 FOR CHEAPER FEES
- \*ENTRIES POST DEC 31 20% MORE/ALL MONEY GOES TO PAYOUT PERCENTAGES



\*\*\*PLEASE COMPLETE A SEPARATE ENTRY FOR EACH DIVISION YOU ENTER\*\*\*

<b>HEADER NAME:</b> _____	<b>ID#</b> _____	<b>CLASSIFICATION#</b> _____
<b>DATE OF BIRTH</b> _____	<b>CELL PHONE #</b> _____	<b>ALTERNATE PHONE #</b> _____
<b>ADDRESS</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>EMAIL</b> _____		
<b>AMOUNT PAID \$</b> _____	<input type="checkbox"/> <b>CHECK #</b> _____	<input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CREDIT</b>
<b>FOR OFFICE USE ONLY: DATE PROCESSED</b> _____		

<b>HEELER NAME:</b> _____	<b>ID#</b> _____	<b>CLASSIFICATION#</b> _____
<b>DATE OF BIRTH</b> _____	<b>CELL PHONE #</b> _____	<b>ALTERNATE PHONE #</b> _____
<b>ADDRESS</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>EMAIL</b> _____		
<b>AMOUNT PAID \$</b> _____	<input type="checkbox"/> <b>CHECK #</b> _____	<input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CREDIT</b>
<b>FOR OFFICE USE ONLY: DATE PROCESSED</b> _____		

- #OPEN PATRIOT NO CAPS, NO AGE LIMIT, \$500 ROPER, ENTER 2X**
- #15 PATRIOT NO CAPS, NO AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #13 PATRIOT NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #12 PATRIOT NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #11 PATRIOT NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #ALL GIRL PATRIOT NO CAPS, NO AGE LIMIT, MAY DRAW 2, \$250 ROPER, ENTER 4X**
- #10 PATRIOT NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #9 PATRIOT NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X**
- #8 PATRIOT PICK 1 /DRAW 1 CAPPED 4+, NO AGE LIMIT, \$1000 ROPER, ENTER 2X**

**CREDIT CARD PAYMENT: 4% FEE FOR CREDIT CARD ENTRIES**  **VISA**  **MC**  **DISC**  **AMEX**

<b>ACCT #</b> _____	<b>EXP. DATE</b> _____	<b>3 OR 4 DIGIT CVS</b> _____
<b>NAME OF CARDHOLDER</b> _____	<b>PHONE #</b> _____	
<b>ADDRESS OF CARDHOLDER</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>AMOUNT CHARGED \$</b> _____ <b>(INCLUDE 4% CONV. FEE) AUTHORIZATION SIGNATURE</b> _____		

By returning this form and making nomination into the Patriot Finale, I acknowledge that my partners and I have read and voluntarily agree to the release and waiver of liability and indemnity agreement found on The Patriot website.

**MAKE CHECKS PAYABLE TO THE PATRIOT & MAIL TO: P.O. Box 355 / Rogersville, MO 65742**  
**OFFICE: 417-547-3406 OR 417-631-6448/ EMAIL: INFO@AMERICANPATRIOTEVENT.COM/ WEBSITE: AMERICANPATRIOTEVENT.COM**