

2019 PATRIOT QUALIFIER ENTRY FORM

ENTRY GUIDELINES:

- *BOOKS ARE OPEN TO QUALIFIED TEAMS DEC 1 TO JAN 31. FEB QUALIFIERS MUST ENTER AT QUALIFIER
- *MUST PAY BOTH ENDS
- *CURRENT COGGINS AND HEALTH PAPERS REQUIRED
- *MUST BE CURRENT ROPE METRICS MEMBER/MAIL WITH ENTRY
- *PLEASE TYPE OR PRINT CLEARLY- INFORMATION IS CRITICAL FOR YOUR ENTRY
- *PLEASE COMPLETE A SEPARATE FORM FOR EACH ENTRY



HEADER NAME: _____	ID# _____	CLASSIFICATION# _____
DATE OF BIRTH _____	CELL PHONE # _____	ALTERNATE PHONE # _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL _____		
AMOUNT PAID \$1000 <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH _____ <input type="checkbox"/> CREDIT _____	FOR OFFICE USE ONLY: DATE PROCESSED _____	

HEELER NAME: _____	ID# _____	CLASSIFICATION# _____
DATE OF BIRTH _____	CELL PHONE # _____	ALTERNATE PHONE # _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL _____		
AMOUNT PAID \$1000 <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH _____ <input type="checkbox"/> CREDIT _____	FOR OFFICE USE ONLY: DATE PROCESSED _____	

- #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 (COWTOWN) NO CAPS, 21 AGE LIMIT, \$1000 ROPER, ENTER 2X
- #10 W/9 INC 50+ PRIMETIME NO CAPS, 50 AGE LIMIT, \$500 ROPER, ENTER 2X
- #ALL GIRL PATRIOT NO CAPS, NO AGE LIMIT, MAY DRAW 2, \$300 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
- #7 PATRIOT PICK 1 /DRAW 1 CAPPED 4, NO AGE LIMIT, \$1000 ROPER, ENTER 2X
- #12 SLIDE MULEY PICK 1 /DRAW 1 NO AGE LIMIT, \$300 ROPER, ENTER 2X
- #10 MULEY PICK 1 /DRAW 1 CAPPED 6+, NO AGE LIMIT, \$300 ROPER, ENTER 2X

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

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

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 and on the back of this form.

MAKE CHECKS PAYABLE TO THE PATRIOT & MAIL TO: P.O. Box 355 / Rogersville, MO 65742

OFFICE: 417-547-3406 OR 417-350-1252 / EMAIL: INFO@AMERICANPATRIOTEVENT.COM/ WEBSITE: AMERICANPATRIOTEVENT.COM