

2021 PATRIOT CHEYENNE ENTRY FORM

ENTRY GUIDELINES:

*MAIL-IN ENTRIES OPEN JUNE 1-JULY 1 (MUST BE POSTMARKED BY JULY 1)

*CURRENT NEGATIVE COGGINS AND HEALTH PAPERS REQUIRED

*MUST BE ACTIVE ROPE METRICS MEMBER-SEND MEMBERSHIP RENEWAL WITH ENTRY



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

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

- #12.5 SLIDE \$150 ROPER, ENTER 4X - 4HD - PA1 - THURSDAY JULY 29
- #11.5 40 OVER \$200 ROPER, PICK 1/DRAW 1 - ENTER 3X - 4HD - PA1 - THURSDAY JULY 29
- #11.5 ANY AGE \$200 ROPER, ENTER 3X - 4HD - PA1 - THURSDAY JULY 29 - \$5000 ADDED
- #OPEN YOUNG GUNS \$200 ROPER, PICK 1/DRAW 1 - ENTER 3X - 4HD - PA1 - THURSDAY JULY 29
 - #HOOEY JR PATRIOT SIDEPOT (OPTIONAL) 19 OR YOUNGER AGE LIMIT, \$250 ROPER
- #10.5 40 OVER \$200 ROPER, PICK 1/DRAW 1 - ENTER 3X - 4HD - PA1 - #6.5 CAP - FRIDAY JULY 30
- #9.5 ANY AGE \$200 ROPER, PICK 1/DRAW 1 - ENTER 4X - 4HD - PA1 - #5.5 CAP - FRIDAY JULY 30
- #9.5 40 OVER \$200 ROPER, ENTER 3X - 4HD - PA1 - #5.5 CAP - FRIDAY JULY 30 - \$5000 ADDED
- #8.5 40 OVER \$200 ROPER, PICK 1/DRAW 1 - ENTER 4X - 3HD - PA1 - #4.5 CAP - SATURDAY JULY 31
- #8.5 ANY AGE \$200 ROPER, PICK 1/DRAW 1 - ENTER 4X - 3HD - PA1 - #4.5 CAP - SATURDAY JULY 31
- #7.5 50 OVER \$200 ROPER, PICK 1/DRAW 1 - ENTER 4X - 3HD - PA1 - #4 CAP - SATURDAY JULY 31

PLEASE MAKE COPIES & COMPLETE A SEPARATE ENTRY WITH EACH PARTNER

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 Event, 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 Event

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