

ANNUAL GREG OLSON MEMORIAL 5D BARREL RACE • January 14-15, 2023 | Buckeye, AZ



Last Name _____ First Name _____ BRN4D# _____
 Address _____ WPRA# _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell _____
 Email _____ SS# _____

Co Sanctioned WPRA, PESI, TRIPLE 7

✓ the boxes of the races that you are going to run in
 ✓ the RO box you want your open time to roll over to

Please use horse's Registered Name

| | OPEN SAT. \$ 7,500 added | Roll from Futurity | Roll from Derby | OPEN SUN. \$7,500 added | Roll from Futurity | Roll from Derby | YOUTH SAT. roll only \$200 added | YOUTH SUN. roll only \$200 added | SENIOR SAT. roll only \$200 added | SENIOR SUN. roll only \$200 added | NOVICE SAT. roll only \$200 added | NOVICE SUN. roll only \$200 added | BIF Side Pot roll only | BIF Side Pot roll only | Entries <i>MUST</i> be postmarked by Monday Dec. 19 TOTAL |
|----------|-----------------------------|--------------------|-----------------|----------------------------|--------------------|-----------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------|---------------------------|---|
| | \$90 | \$90 | \$90 | \$90 | \$90 | \$90 | \$45 | \$45 | \$45 | \$45 | \$45 | \$45 | \$40 | \$40 | |
| Horse #1 | | | | | | | | | | | | | | | |
| Horse #2 | | | | | | | | | | | | | | | |
| Horse #3 | | | | | | | | | | | | | | | |
| Horse #4 | | | | | | | | | | | | | | | |

Stalls/Pens

Please fill out stall form at
brn4d.com

For RV hook-ups call South Buckeye
 Equestrian Center @ 623.691.6900

Mail to: **BRN4D**

13159 S. Leland Rd • Oregon City, OR 97045

EMERGENCY # 541.993.2929 or 503.572.8093

Location:

S. Buckeye Equestrian Center
 10300 S. Miller Rd.
 Buckeye, AZ 85328

For more information call 503.656.8181 or email nancy@brn4d.com

Draw will be posted by Thursday Jan. 12 @ 7p.m. @ brn4d.com

Payment must accompany entry or late fee will be assessed. NO REFUNDS.

Postmarked by Monday Dec. 19 Fax Credit Card Entry to 503.656.8180

Name _____ Exp. Date _____

Visa/Master/Discover Card# _____ CVV Code # _____

Address of card holder _____

ABOVE FEE TOTAL \$ _____

OFFICE FEE - \$12 per horse/per day \$ _____

LATE FEE - \$15 per day/\$25 per weekend \$ _____

STALLS/PENS - Total from stall/pen form \$ _____

Triple 7 | \$5 per horse per race \$ _____

SUBTOTAL \$ _____

VISA/MC Fee - 5% \$ _____

TOTAL FEES \$ _____