

BRN4D₄ BARREL RACERS NATIONAL D

Recap Worksheet for race with BRN4D as a Co-Sanction

(Please complete the following and send in with results of each race.)

Date of Race: _____

Location of Race: _____

Arena Name: _____

Arena Operator: _____

Phone #: _____

Mailing Address: _____

Run Fees:

- Open Race(s) - _____ # of runs x **\$2.00**.....\$ _____
- Senior Race(s) - _____ # of runs x **\$2.00**..... \$ _____
- Youth Race(s) - _____ # of runs x **\$2.00**..... \$ _____
- Novice Race(s) - _____ # of runs x **\$2.00**..... \$ _____
- Futurity Incentive - _____ # of runs x **\$2.00**..... . \$ _____
- Derby Incentive - _____ # of runs x **\$2.00**..... . \$ _____

TOTAL \$ _____

Total number of **BRN4D** membership applications enclosed _____

Signature

Date

Please make check payable to **BRN4D** and send to the following:
27300 Pederson Road, Estacada, OR 97023
Call if you need help or have questions: 503-656-8181