TEXAS INSTITUTE OF EQUINE DENTISTRY
$500 Added 5D Barrel Race

Rider Name: _____

Address: _____

City:_____ State:_____ Zip:_____

Phone Number: (_____)_____-_____

Exhibitions $5.00 x _____ (# of Exhibitions)TOTAL: $_____

Open 5D Race $50 x _____ (# of entries) = $_____

Total Due: $_____

☐ **Buy Back** (must buy back within 15 runners of your original run)

Payment Information

Check # _____ Cash _____ CC _____

5% Credit Card Fee: Total All Fees X .05 = $ _____

Credit Card: Visa Mastercard Discover AmericanExpress

Card Number:_____
Exp. Date: _____
Code: _____

Name on Card: _____
Billing Address: _____
City, State, Zip: _____

Good Luck and Have a Good Time!