



Three Can Tango 2017

PO Box 97 • Laurel, MT 59044 • 406.671.5353

4D Barrel Race Entry Form

NWBRA & WPRA CO-APPROVED EVENT

DRESS CODE: Western Attire including WESTERN HAT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ EMAIL _____

PHONE _____ SOCIAL SECURITY # _____ WPRA # _____

OPEN 4D ENTRIES: Friday, May 5 • Saturday, May 6 • Sunday, May 7

HORSE #1 _____ FRI FEES (\$41) _____ SAT FEES (\$61) _____ SUN FEES (\$61) _____ TOTAL _____

HORSE #2 _____ FRI FEES (\$41) _____ SAT FEES (\$61) _____ SUN FEES (\$61) _____ TOTAL _____

HORSE #3 _____ FRI FEES (\$41) _____ SAT FEES (\$61) _____ SUN FEES (\$61) _____ TOTAL _____

MASTER'S (48 & Over) Please check Horse #1 _____ Horse #2 _____ Horse #3 _____ SAT FEES (\$20) _____ SUN Fees (\$20) _____ TOTAL _____

3CT BREEDERS INCENTIVE (Must include copy of registration papers) Futurity Derby _____ SAT FEES (\$35) _____ SUN FEES (\$35) _____ TOTAL _____

RELEASE/INSURANCE FORM MUST BE SIGNED TO BE ENTERED!

Please be aware that as part of your entry into this event, you are responsible for ALL risks involved.

STATEMENT OF UNDERSTANDING & INDEMNITY

With my signature below, I represent that I have read all the attached terms and conditions of this event, have signed this contract with full and complete understanding thereof, and agree to be bound by said terms and conditions. All information provided regarding my entry information is true and accurate to the best of my knowledge and belief. I hereby for myself, my animal(s), my heirs, executors and personal representative(s), waive and release any and all rights and claims for damages I may have against the Three Can Tango LLP Management, Miller's Horse Palace, LLC, their representatives, volunteers, sponsors, sanctioning associations, successors and assigns for any and all damages, theft, death or injuries to persons or livestock incurred due to my participation in this event.

LOCAL ENTRY INSURANCE

INSURANCE LIMITS PROVIDED

This plan covers loss resulting directly and independently of all other causes from accidental bodily injuries received. Your blanket excess medical benefit has a limit of \$10,000. It is subject to a \$100 deductible. The coverage is excess (secondary) to any valid and collectible insurance available to you.

CLAIM PROCEDURE: Claims to be filed directly with Mutual of Omaha at 800-524-2324

THREE CAN TANGO, LLP

MAY 5, 6 & 7, 2017, LAUREL, MT

PRINTED NAME OF CONTESTANT/PARTICIPANT: _____

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE RELEASE and BENEFITS BY THIS COVERAGE

Signature _____ Date _____

If participant is a minor, signature of parent or guardian is also required below:

Signature _____

Date _____

PEPSI YOUTH CHALLENGE 4D: (17 & Under ~ SATURDAY ONLY)

HORSE _____ SAT FEES (\$26) _____

HORSE _____ SAT FEES (\$26) _____

TOTAL FEES _____

TIME ONLYS (\$5/Run) _____

Date Preferred _____

Time Onlys Runs are Limited - First Come First Serve

STALLS (\$25/Weekend)-All Assigned _____

LIMITED - FIRST COME FIRST SERVE - OUTDOOR STALLS

LIMITED INDOOR AVAILABLE CALL 406-671-5353 FOR RESERVATIONS

RV/POWER - LIMITED (\$25/Weekend) _____

ONE TIME PROCESSING FEE REQUIRED _____ \$20.00

NON-WPRA MEMBERS INSURANCE REQUIRED _____ \$10.00

After April 21 - LATE FEE \$10/Horse/Day _____

Optional Cowboy's Digest Subscription (\$25) _____

TOTAL DUE _____

NOW ALSO ACCEPTING ALL MAJOR CREDIT CARDS

CARD NUMBER _____

EXPIRATION DATE _____ (3-digit) CVV# _____

SIGNATURE _____

PLEASE ADD \$5 Per Horse OFFICE CHARGE FOR C/C

~ **PRE-ENTRY MUST BE POSTMARKED BY Friday, April 21, 2017** ~