



**All horse changes must be completed 2 hours prior to your run.**

Rider Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Horse Entered: \_\_\_\_\_

Changing To: \_\_\_\_\_

Section(s) Entered: \_\_\_\_\_

**Change Fee: \$10**

Name on Credit Card: \_\_\_\_\_

Credit Card: Visa MasterCard Discover Amex  
Credit Card Number

Billing Address: \_\_\_\_\_

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City, St, ZIP: \_\_\_\_\_

Expiration Date: 

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 CVS Code: 

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Card Holder's Signature: \_\_\_\_\_

**For Office Use Only**

**Payment Type**

Cash

Check

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card

Date Processed \_\_\_\_\_