



FORMS MUST BE FILLED OUT COMPLETELY IN ORDER TO RECEIVE YOUR PRIZE

Legal Name: _____

Nickname: _____

Address: _____

Shipping Address: _____

City, State, ZIP: _____

SSN: _____

Phone: _____ Email: _____

Main Barrel Race: Which D _____ Placing in D _____

Incentive Race

MUST FAX LICENSE OR BIRTH CERTIFICATE TO VERIFY AGE

Youth _____

Adult _____

Senior _____

Sat. Day _____

Sat. Night _____

Sun. Day _____

Young Champs _____

Which D _____

Placing in D _____

Warm Up Race

Warm Up Race: Which D _____ Placing in D _____

Prize

Money \$ _____ Prize _____

FOR OFFICE USE ONLY

Age Verified _____ Date Prize Sent _____ Date Check Sent _____

Winner's Form
Elite Extravaganza
Waco, Texas - Nov. 12 - 14, 2010



P.O. Box 112
Athens, TX 75751
972-947-3113 Fax
877-933-3277 Office

Place 1st – 5th must provide a credit card to cover \$15.00 shipping. Saddles will be charged \$50 shipping.

Place

Total Charges: _____	Credit Card: Visa MasterCard Discover Amex
Name on Credit Card: _____	Credit Card Number
Billing Address: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City, St, ZIP: _____	Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVS Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Holder's Signature: _____	