



CHANGE FORM

MARCH 11-14, 2021
WACO, TX

FAX: 972-947-3113

OFFICE: 877-933-3277

EMAIL: entry@elitebarrelracing.com

ALL CHANGES MUST BE COMPLETE BEFORE THE FIRST HORSE RUNS IN THE RACE YOU ARE ENTERED.

PLEASE CIRCLE WHICH YOU ARE CHANGING: HORSE | RIDER

ORIGINAL RIDER NAME: _____ PHONE: _____

ORIGINAL HORSE ENTERED: _____

CHANGING TO: _____

IF RIDER CHANGE, New Rider's Address: _____

New Rider's Social Sec. Number: _____

RACE(S) ENTERED: _____

INCENTIVES ENTERED (if applicable): _____

HORSE CHANGE FEE \$10.00 = _____

FUTRUIITY & DERBY HORSE CHANGE FEE \$25.00 _____

RIDER CHANGE FEE \$25.00 = _____

<input type="checkbox"/> Billing Information is same as above Name: _____ Billing Address: _____ City, State Zip: _____	Credit Card Information <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="8">Expiration:</td> <td colspan="4">CVV Code:</td> </tr> </table> Card Holder's Signature: _____																	Expiration:								CVV Code:			
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Indemnification and Release Personal Injury: By signing this document I hereby agree to hold harmless Elite Barrel Racing and the Extraco Events Center, its agents, management, contractors, and employees from any expense, cause of action, damage, or claim of damage, including legal fees of any kind, which I might assert as a result of my (or my child's) injury, death or claim by participating or driving to or from this event. I further certify that I have available a current NEGATIVE EIA TEST CHART on each animal I have on the event grounds. I understand that if State and Local Authorities require presentation of said test chart at this event and I cannot present a NEGATIVE EIA TEST CHART per any one (1) animal, I will be responsible for any fines personally, and will be responsible for reimbursement of any fines to the event producer. YOUR SIGNATURE CONSTITUTES A RELEASE OF LIABILITY (If Minor, Parent or Guardian).

Signature: _____ Printed Name: _____

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

PAYMENT TYPE: _____ CASH _____ CHECK (NO: _____ AMT: _____) _____ CREDIT CARD