



October 20-25, 2020 Hardy Murphy Coliseum Ardmore, Okla.

HORSE NAME:			
RIDER NAME:			
Address:	Phone:		
City, State, Zip:			
OWNER NAME:	Email:		
Address:	Phone:		
City, State, Zip:		New address? □Yes □No	
By way of making an entry, the exhibitor is assuming responsibility for knor or change conditions for the Southwest Reining Horse Association Futurity	wledge of the rules and releases show management from a and Show. By my signature, I agree to these conditions.	ny claims or losses. The show management reserves the right to modify	
Signature of Parent/Guardian	Date		
Print Name Parent/Guardian			
	Participant Biography:		
Rider Name:	Age:	Gender:	
Parent's Names:	Hometow	Hometown:	
Favorite Things to Do:			
What rider wants to be when he/she grows up:		<u>.</u>	
Is rider in school? If so, what grade? (Preschool, Kind	dergarten, etc.)		
Horse's Barn Name:	A	ge: Gender:	