

Name: _____ Phone: _____ BBR#: _____ WPRA#: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____ SS #: MUST be filled out to receive a check.

Books close when the first horse runs each day. Pre-entries must be postmarked by Friday, February 23, 2018 or a late fee of \$20 per rider, per office visit applies. No scratches after a horse is placed in the draw. The open entry fee is 75% payback, split 1/2 to the Day race and 1/2 to the Main race. Full rules posted at www.CBTProductions.com.



Open 5D -- Each run counts in the Day race and the Main race

Saturday (race #1, 2pm)
\$1500 added

Sunday (race #2, 9am)
\$1500 added

Main Race (race #3)
\$500 added

Total

Horse #1: _____ (registered name)	Open 5D: \$60 <input type="checkbox"/>	Open 5D: \$60 <input type="checkbox"/>	No entry fee,	\$ _____
Horse #2: _____ (registered name)	Open 5D: \$60 <input type="checkbox"/>	Open 5D: \$60 <input type="checkbox"/>	each of your	\$ _____
Horse #3: _____ (registered name)	Open 5D: \$60 <input type="checkbox"/>	Open 5D: \$60 <input type="checkbox"/>	run times are	\$ _____
Horse #4: _____ (registered name)	Open 5D: \$60 <input type="checkbox"/>	Open 5D: \$60 <input type="checkbox"/>	carried over.	\$ _____

Shootout Sidepot -- \$200 -- 100% payback, straight-pay, includes \$60 for required c/o into Open 5D

Horse #1: _____ (registered name)	\$260 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$ _____
Horse #2: _____ (registered name)	\$260 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$ _____

Release: I, the undersigned, hereby agree to release and hold harmless CBT Productions, all fellow participants, arena owners, arena operators, producers and any and all persons connected with this event from losses, damages, or injury to me, my child (or child for whom I am the legal guardian), my equipment, and/or any animals resulting from my attending and participating in this event.

Signature: _____

Date: _____ Print Name: _____

By signing, I acknowledge that I have read, understand, and accept the above statement.

Total Entry Fees: \$ _____
 Office/Administration Fee: \$ 20.00
 Late Fee, after 2-23, \$20 per rider: \$ 20.00
Total Fees: \$ _____

**Make checks payable to CBT and mail to:
 CBT Productions • PO Box 480 • Canyon, TX 79015**