



COWPONY RELAY RACE
ENTRY FORM
LIMIT TO FIRST 30 PAID TEAMS
ENTRY FEE: \$150.00 TEAM

TEAM NAME: _____ CAPTAINS NAME: _____

TELEPHONE NUMBERS * (REQUIRED TO CONTACT TEAMS)**
TEAM MEMBERS PLEASE PUT COMPLETE MAILING ADDRESSES

1. NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

2. NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

3. NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

HORSE HANDLERS:

With my signature below, I hereby release and hold harmless the City of Elko, the County of Elko, and the Elko County Fair Board and their officers, directors, agents, and all persons connected with or participating in the Elko County Fair from any liability for any property damage or personal injury claim by me or my horse of any description arising out of the use of the premises while participating in, aiding in, or working on, these events.

ALL TEAM MEMBERS (OR GUARDIANS) MUST SIGN

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

ENTRY FEE OWED \$ _____

CHECK # _____ OR CASH OR CREDIT CARD Visa or MasterCard

Make checks out and mail to: ELKO COUNTY FAIR BOARD PO BOX 2067 ELKO, NV 89803