



Deadlines:
 Futurity: Aug. 15, 2020
 Maturity: Oct. 3, 2020.
 Barrel Racing: Oct. 3, 2020
 A late fee of \$50 will be assessed for any entries received after this date.

October 23, 24, 25, 2020

Horse's Registered Name:			
Date of Birth:	Breed:	<input type="checkbox"/> AQHA	<input type="checkbox"/> APHA <input type="checkbox"/> ApHC
Registration Number:	Sex:	<input type="checkbox"/> Stallion	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare
Color:	Copy of registration papers must accompany entry form.		

Owner's Name:

Complete Mailing Address:

Social Security Number (required for payment of prizes):

Phone Number: _____ **Email Address:** _____

Breeder's Name:

Rider's Name:

Complete Mailing Address:

Phone Number: _____ **Email Address:** _____

Youth Exhibitor: Yes No **If yes, Date of Birth:** _____

Amateur Exhibitor: Yes No **If yes, Amateur ID#:** _____
Must match breed of horse

Conformation Handler (only if riding 2 horses in Maturity, or Futurity)

<input type="checkbox"/> Futurity (includes stall fee)	\$225 office Fee (after 8/15, \$275)	\$
<input type="checkbox"/> Maturity (4, 5, 6 year old horses)	\$150 Entry Fee	\$
<input type="checkbox"/> Barrel Racing (5 years and older)	\$100 Entry Fee (after 10/3, \$150)	\$
<input type="checkbox"/> Check if this horse is a 50/50 eligible horse		
<input type="checkbox"/> Stall Fee	\$25/night X _____ nights	\$
<small>TACK STALL, Maturity, and Barrel Horses Only</small>		
Stall Bedding (2 Bags are included with stall)	\$8/Bag _____ Bags	\$
NO OUTSIDE SHAVINGS		
Electrical Hookup	\$25/night X _____ nights	\$
Make Checks Payable to: Dakota 50/50	Total Enclosed	\$

- Bring to Event:**
- Official Registration Certificate
 - Current Coggins Test (within 12 months) on all out of state horses.
 - Health Certificate on all out of state horses.

By signing below, all owners/exhibitors or otherwise responsible parties have read and understand all Rules and Regulations of the Dakota 50/50 and agree to all terms and conditions of entry.

Signature: _____ Date: _____
 Return Forms to: Samantha Coates • 9605 130th Ave. SW • Scranton, ND 58653