



Deadlines:

Futurity: Aug. 7, 2021

Maturity: Sept. 25, 2021

Barrel Racing: Oct. 1, 2021

A late fee of \$50 will be assessed for any entries received after these dates.

**OCTOBER 15, 16, 17, 2021**

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:		<b>Copy of registration papers must accompany entry form.</b>	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth:	
Amateur Exhibitor: <input type="checkbox"/> Yes <input type="checkbox"/> 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 8/7, \$275)	\$
<input type="checkbox"/> Maturity (4, 5, 6 year old horses)	\$150 Entry Fee (9/25, \$200)	\$
<input type="checkbox"/> Barrel Racing (5 years and older) <input type="checkbox"/> Check if this horse is a 50/50 eligible horse	\$100 Entry Fee (after 10/1, \$150)	\$
<input type="checkbox"/> Stall Fee TACK STALL, Maturity, and Barrel Horses Only	\$25/night X _____ nights	\$
Stall Bedding (2 Bags are included with stall) NO OUTSIDE SHAVINGS	\$8/Bag _____ Bags	\$
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 130<sup>th</sup> Ave. SW • Scranton, ND 58653