



ENTRY FORM

Deadlines:

Futurity: Aug. 7th 2023

Maturity: Sept 25th 2023

Barrel Racing: Oct. 13th 2023

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

October 20, 21, 22, 2023 ABSOLUTELY NO DOGS ALLOWED!!!!

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: <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 1 stall and 1 bag shavings)	\$225 office Fee (after 8/7, \$275)	\$
<input type="checkbox"/> Maturity (3, 4, 5, 6 year old horses)	\$150 Entry Fee (after 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 10/13, \$150)	\$
<input type="checkbox"/> Stall Fee TACK STALL, Maturity, and Barrel Horses Only	\$25/night X _____ nights Includes 1 bag of shavings	\$
Stall Bedding (1 Bag is 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 • PO BOX 241 • Crosby, ND 58730