

TEAM SORTING ENTRY FORM

(Circle one please)

LIMIT TO FIRST 30 PAID TEAMS! NO EXCEPTIONS!!

ENTRY FEE: \$450.00 PER THREE-PERSON TEAM

TEAM NAME: _____ CAPTAINS NAME: _____

TELEPHONE NUMBER * (REQUIRED TO CONTACT TEAMS)** _____

TEAM MEMBERS PLEASE PUT COMPLETE MAILING ADDRESSES

1. _____

2. _____

3. _____

Substitute Members: Any substitutions must be listed at time of entry and substitutions must be made prior to start of eliminations.

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. _____

SUBSTITUTE MEMBER: _____

ENTRY FEE OWED \$ _____

CASH OR CHECK # _____ **TOTAL PAID** \$ _____