



RIDER CHANGE FORM

All changes must be made through the office **BEFORE** the first horse runs in Open each day.

Date: _____

Original Rider: _____

Horse's Registered Name: _____

Please check which classes you were entered in:

<input type="checkbox"/>	Fri Open 5D	<input type="checkbox"/>	Fri Adult Side-Pot	<input type="checkbox"/>	Fri Senior Side-Pot	<input type="checkbox"/>	Fri Youth Side-Pot
<input type="checkbox"/>	Fri Kiddie/Spec. Needs	<input type="checkbox"/>	Fri Kiddie/Spec. Needs				
<input type="checkbox"/>	Sat Open 5D	<input type="checkbox"/>	Sat Adult Side-Pot	<input type="checkbox"/>	Sat Senior Side-Pot	<input type="checkbox"/>	Sat Youth Side-Pot

Substitute Rider: _____

Is rider already entered? Yes/No? If not, please provide information below.

BBR #: _____ WPRA #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Birthdate: _____

Please check which classes you will be entering in:

<input type="checkbox"/>	Fri Open 5D	<input type="checkbox"/>	Fri Adult Side-Pot	<input type="checkbox"/>	Fri Senior Side-Pot	<input type="checkbox"/>	Fri Youth Side-Pot
<input type="checkbox"/>	Fri Kiddie/Spec. Needs	<input type="checkbox"/>	Sat Kiddie/Spec. Needs				
<input type="checkbox"/>	Sat Open 5D	<input type="checkbox"/>	Sat Adult Side-Pot	<input type="checkbox"/>	Sat Senior Side-Pot	<input type="checkbox"/>	Sat Youth Side-Pot

Signature: _____

Signature: _____

FOR OFFICE USE ONLY

RECEIVED BY: _____

CORRECTED BY: _____