

SOBRA MEMBERSHIP APPLICATION

Rider Last Name: _____ First Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Jacket Size: _____ Blanket Size: _____

Nomination (Includes Membership) Nomination Date: _____

Open Horse \$35 x _____ # of horses.....\$ _____

Youth Horse \$30 x _____ # of horses.....\$ _____

Peewee \$20 Peewee age as of September 1st: _____.....\$ _____

Riding Member Only \$20 (must pay insurance).....\$ _____

One time insurance fee \$10.....\$ _____

Non Riding Member Only \$20.....\$ _____

Total nomination/member fees \$ _____

Payment Rec'd by _____ cash/ck# _____

Sponsorship - Sponsor money must be received 6 weeks after nominating or all runs to that point are forfeited (SOBRA rule). Will allow payment at the next possible race after 6 week deadline.

Open Sponsorship \$100 x _____ # of horses.....\$ _____

Youth Sponsorship \$50 x _____ # of horses.....\$ _____

Sponsor Info/Notes:

Total sponsorships due \$ _____

Sponsor Due Date _____

Sponsor Fees Rec'd by _____

Cash/ck# _____ Rec'd Date _____