

SOBRA PEEWEE

Date _____

Name _____ PeeWee # _____
Last First

Address _____ Email _____
City State Zip Phone _____

FEES

Membership Fee = \$20.00 _____

One Time Insurance Fee = \$10.00 _____

Jacket Size _____ Horse Blanket Size _____

Age as of September 1st _____

Total Paid \$ _____

Cash	Check #
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Contestant agrees to participate in SOBRA sanctioned events at contestant's own risk. Contestant here by releases and discharges SOBRA and its directors, officers, representatives, employees and all agents from liability, loss, claims, damages, and expenses for injuries to person, property, reputation, or financial condition as a result of or in any way relating to contestant's participation or failure to participate in any SOBRA sanctioned event, whether caused by negligence, by arena or facility conditions, by the conduct of SOBRA or its directors, officers, representatives, employees and/or agents in agrees that by his or her signature on this from, he or she completely releases SOBRA for any liability, including negligence.

Office Notes

Processed By

PARENT/GUARDIAN *****SIGNATURE REQUIRED*****