



CHARLIE 1 HORSE ALL-GIRL *Team Roping Entry*

ONE FORM PER ENTRY. BOTH ENDS MUST BE PAID IN FULL.
PRE-ENTRIES CLOSE FEBRUARY 28, 2021
ON-SITE ENTRIES WILL BE ALLOWED \$50 LATE FEE

ALL-GIRL TEAM ROPING FORMAT - \$1,000 ADDED
\$750 PER SIDE, PICK 1, DRAW 1, ENTER 2X, 80% PAYBACK
#9.5 INCENTIVE, \$7,500 GUARANTEED
4-STEER PROGRESSIVE AFTER 2, INCENTIVE PAID ON 3 HEAD,
WSTR RULES & BARRIER, WPRA APPROVED
FIRST-TO-ENTER, LAST-TO-ROPE, DRESS CODE ENFORCED

LAZY E ARENA GUTHRIE, OK
WEDNESDAY, MARCH 17, 2021
ROPE AT 8:00 AM

PLEASE PRINT CLEARLY - ROPER CONFIRMATIONS WILL BE SENT VIA EMAIL

Must have email listed on entry form for both header and heeler.

HEADER:

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ SSN: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ EMAIL: _____
GLOBAL HANDICAP (WSTR/USTRC) ID#: _____ Heading #: _____ SHIRT SIZE: _____

By signing below, I agree to waive all video and photo rights and understand that all photos and videos of my likeness taken during the event become property of Ullman-Peterson Events. I also permit Ullman-Peterson Events to send me information regarding their roping events, affiliated products and information via hard mail and email communications.

HEADER SIGNATURE: _____ DATE: ____ / ____ / ____
LEGAL GUARDIAN: _____ DATE: ____ / ____ / ____
(ONLY IF ROPER IS UNDER 18)

Credit Card Entries: Visa, Master Card, American Express, Discover. 8% Fee will be added.

Card Number: _____ Exp. Date: _____ 3 or 4 Digit Code: _____
Name on Card: _____ Card Affiliated Zip Code: _____

HEELER:

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ SSN: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ EMAIL: _____
GLOBAL HANDICAP (WSTR/USTRC) ID#: _____ Heeling #: _____ SHIRT SIZE: _____

By signing below, I agree to waive all video and photo rights and understand that all photos and videos of my likeness taken during the event become property of Ullman-Peterson Events. I also permit Ullman-Peterson Events to send me information regarding their roping events, affiliated products and information via hard mail and email communications.

HEELER SIGNATURE: _____ DATE: ____ / ____ / ____
LEGAL GUARDIAN: _____ DATE: ____ / ____ / ____
(ONLY IF ROPER IS UNDER 18)

Credit Card Entries: Visa, Master Card, American Express, Discover. 8% Fee will be added.

Card Number: _____ Exp. Date: _____ 3 or 4 Digit Code: _____
Name on Card: _____ Card Affiliated Zip Code: _____

REMIT TO:
BFI WEEK
900 Marshall Lane
Socorro, NM, 87801
505.270.9340
entries@bfweek.com

CHECKS PAYABLE TO BFI WEEK.
BFIWEEK.COM

OFFICE USE ONLY
DATE _____
PAYMENT _____
CONFIRMED _____



CHARLIE 1 HORSE ALL-GIRL *Breakaway Entry*

LAZY E ARENA GUTHRIE, OK
WEDNESDAY, MARCH 17, 2021
ROPE AT 1:00 PM

ONE FORM PER ENTRY. ENTRY MUST BE PAID IN FULL.
PRE-ENTRIES CLOSE FEBRUARY 26, 2021
ON-SITE ENTRIES WILL BE ALLOWED \$20 LATE FEE

BREAKAWAY ROPING FORMAT - \$1,000 ADDED
\$400 PER ROPER, ENTER 1X, 75% PAYBACK,
UNDER 18 INCENTIVE \$3000 GUARANTEED
MUST BE UNDER 18 AS OF JANUARY 1, 2021
3-HEAD PROGRESSIVE ON 2,
FIRST-TO-ENTER, LAST-TO-ROPE,
DRESS CODE ENFORCED. WPRA APPROVED

ROPER'S CAN ENTER BREAKAWAY ONLY WITHOUT ENTERING THE TEAM ROPING.

PLEASE PRINT CLEARLY - ROPER CONFIRMATIONS WILL BE SENT VIA EMAIL
Must have email listed on entry form.

ROPER'S NAME: _____
DATE OF BIRTH: ___/___/_____ SSN: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ EMAIL: _____

By signing below, I agree to waive all video and photo rights and understand that all photos and videos of my likeness taken during the event become property of Ullman-Peterson Events. I also permit Ullman-Peterson Events, LLC, to send me information regarding their roping events, affiliated products and information via hard mail and email communications.

ROPER SIGNATURE: _____ DATE: ___/___/___
LEGAL GUARDIAN: _____ DATE: ___/___/___
(ONLY IF ROPER IS UNDER 18)

Credit Card Entries: Visa, Master Card, American Express, Discover. 8% Fee will be added.

Card Number: _____ Exp. Date: _____ 3 or 4 Digit Code: _____
Name on Card: _____ Card Affiliated Zip Code: _____

REMIT TO:
BFI WEEK
900 Marshall Lane
Socorro, NM, 87801
505.270.9340
entries@bfiweek.com

CHECKS PAYABLE TO BFI WEEK.
BFIWEEK.COM

OFFICE USE ONLY
DATE _____
PAYMENT _____
CONFIRMED _____