7 Minute Paid Warm Ups Tuesday 1-5 Wednesday 8-5 \$40



Paid Warm Up Request Form -priority to horses already entered

NRHA,STRHA, and TRHA Approved

Name					E-mail				
Cell Phone									
				ΧF	Responsible party				
X Responsible party Responsible party is who we need to bill to: Person must have a check in the office.									
	Horse (show name	X	Owner	Х	Trainer	Day		Preferred Time	
	please)					Tor W		or notes	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

FORM ALSO AVAILABLE ONLINE Please Email to: Kathy Gould Kathy.Saddleup@gmail.com

Additional notes for any back to back or desired number/times between rides. Feel free to be specific and we will do the best we can to accommodate.