



CHANGE FORM **MAILING ADDRESS:** 4601 Bosque Blvd, Waco, TX 76710
MARCH 9—13, 2022 **EMAIL:** entry@elitebarrelracing.com
WACO, TX **OFFICE:** 877-933-3277
FAX: 972-947-3113

ALL CHANGES MUST BE COMPLETED BEFORE THE FIRST HORSE RUNS IN THE RACE YOU ARE ENTERED.

PLEASE CIRCLE WHICH YOU ARE CHANGING: HORSE | RIDER

ORIGINAL RIDER NAME: _____ PHONE: _____

ORIGINAL HORSE ENTERED: _____

CHANGING TO: _____

IF RIDER CHANGE, NEW RIDER'S ADDRESS: _____

NEW RIDER'S PHONE: _____ NEW RIDER'S SSN: _____

RACE(S) ENTERED: _____

INCENTIVE(S) ENTERED (IF APPLICABLE): _____

HORSE CHANGE FEE \$10.00: _____

FUTURITY & DERBY HORSE CHANGE FEE \$25.00: _____

RIDER CHANGE FEE \$25.00: _____

<input type="checkbox"/> Billing Information is same as above	Credit Card Information																
NAME: _____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> </table>																
BILLING ADDRESS: _____	Expiration: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> CVV Code: <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>																
CITY, ST ZIP: _____	Card Holder's Signature: _____																

Indemnification and Release Personal Injury: By signing this document I hereby agree to hold harmless Elite Barrel Racing and the Extraco Events Center, its agents, management, contractors, and employees from any expense, cause of action, damage, or claim of damage, including legal fees of any kind, which I might assert as a result of my (or my child's) injury, death or claim by participating or driving to or from this event. I further certify that I have available a current NEGATIVE EIA TEST CHART on each

SIGNATURE: _____ DATE: _____

IF MINOR: PARENT/GUARDIAN: _____ PRINT NAME: _____

FOR OFFICE USE ONLY

PAYMENT TYPE: _____ CASH _____ CHECK (NO: _____ AMT:\$ _____) _____ CREDIT CARD