

RACE RESULTS BALANCE SHEET

Race: _____ Date: _____

Secretary: _____ Phone: _____

Optional Insurance \$55 _____

Open # Runs _____ x\$3.00 = _____

3500 Novice # Runs _____ x\$3.00 = _____

1000 Novice # Runs _____ x\$3.00 = _____

_____ # Runs _____ x\$3.00 = _____

_____ # Runs _____ x\$3.00 = _____

4D/5D Race # Runs _____ x\$3.00 = _____

(The \$3.00 fee is for all entries. Do Not include any PeeWee or Junior classes)

TOTAL: _____

Membership/Nominations:

(Please list names and how paid, personal check or cash. Enclose Membership forms.)

MAIL FORM & FEES TO OBRA SECRETARY/TREASURER: Kaylee Hofman, OBRA Secretary
1905 NE Bend Over Road
Madras, OR 97741

Payment must be mailed within 10 days to OBRA Secretary with this form.