## Oregon Barrel Racing Association



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Email: Secretary@OregonBarrelRacing.com

Name:	
Address:City:	State:
Zip:Phone:Email:	
Emergency Contact Name & Number:	
Any person becoming a member of the association shall compounds. Only members in good standing shall be eligible to part receive any awards or benefits sanctioned by the rules of the creed or religion. As a member of the OBRA, I hereby agree to property and every minor person who accompanies me to an will hold harmless each equine activity sponsor from any claim property and every minor person who accompanies me to an accompanies me to accompanies me to an accompanies me to accompanies me to an accompanies me to a	icipate in the activities of OBRA and shall be eligible to OBRA. The OBRA does not discriminate against sex, race, hold harmless and assume the risk of any injury to myself, OBRA sponsored or co-sponsored event. Furthermore, I m of injury or damage that could be sustained by me, my
SIGNED:	DATE:
(If under 18 years of age, application must be sign	ned by a parent or guardian)
Yearly Membership Fee \$50.00  Horse Nomination Fee:  Open \$25.00  4D \$25.00  LTE's\$3500 Novice \$25.00  LTE's\$1000 Novice \$25.00  LTE'sRookie N/C  (To be eligible for Rookie, rider must be a 1st year OBRA member with less than \$1,000.00 lifetime earnings (LTE's) as of the date of nomination.)  Total Fees:  NEW RULES:  • The Class you nominate into is where you will run all year. A 1000 novice Horse must run in the class according to Lifetime earnings. See Rule book Cant	HORSE INFORMATION:  Horse's Registered Name:
<ul> <li>run in 1000 class if there is a lower class that your eligible for.</li> <li>Send a picture of registration papers with in 30 days of nomination for classes: Open, 3500 &amp; 1000 Classes Only</li> </ul>	If you are nominating to a Novice Class, you must declare your novice horse's LTE's: \$  Coat Size: Horse Blanket Size:
I swear that the above named dollar amount won for lifet OREGON BARREL RACING ASSOCIATION permission to be intentionally falsified, the above horse shall be dro	o verify these winnings if deemed necessary. If proven
SIGNED:	DATE:
Mail, Email or Text this form and fees to the OBRA Secretary	y/Treasurer: Date Received: