

2018 FINALE XIII Legacy Entry Form

Postmark deadline MAY 31st.

• Entry Fee if postmarked by May 31st: \$2000/LEGACY, \$2250/TBA OR GUEST

TEAM ROPER NAME: _____ HD HL

TRIAD ID # _____ Classification # _____ Date of Birth _____

Cell Phone # _____ Email _____

Address _____ City/State _____ Zip _____

#14 No # Cap, No Age Limit - Sun Dec 9th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#13 No # Cap, Must be 21 - Sun. & Mon., December 9th & 10th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#12 No # Cap, Must Be 21 - Mon. & Tues., December 10th & 11th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#11 #6 E Heeler Cap, Must be 21 - Tues. & Wed., December 11th & 12th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#10 #6 Heeler Cap, Must Be 21- Thur. December 13th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#09 #5 E Heeler Cap, Must Be 21- Fri. & Sat, December 14th & 15th Paying: MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

#08 #4 E Cap (HD & HL), Must Be 21 - Sat., December 15th MY FEES:\$ _____ AND/OR PARTNER FEES:\$ _____

PARTNER NAME: _____ HD HL

TRIAD ID _____ Classification #: _____ Cell Phone # _____ City/State _____

Total Amount PD _____

Questions call: 505-898-1755 Credit Cards Charges Accepted by Fax: 505-792-3143 Website: WSTRoping.com

Credit Card charges: Administrative fee added: 3% Visa/MC, Discover, 4% American Express

CC/Acct# _____ Exp Date _____ 3 or 4 digit CVS _____

Name of Cardholder _____ Address of Cardholder _____

City/State _____ Zip _____ Phone _____

ENTERING OVER THE PHONE OR BY RETURNING THIS FORM, I ACKNOWLEDGE THAT MY PARTNERS & I HAVE READ & VOLUNTARILY AGREE TO THE RELEASE & WAIVER OF LIABILITY & INDEMNITY AGREEMENT ON THE BACK OF THIS FORM, or as read on the website.