

2025 FINALE *Legacy* Entry Form

****Postmark deadline MAY 31****

Key Card Member & Silver Legacy Unlimited Discounts Until May 31; \$2000/entry

NON-Key Card Legacy Member; \$2000 First Entry - \$2500 Additional Entries

Legacy discount does not extend to partners. Entries priced by Roper.

Legacy Roper: _____ **HD#:** _____ **HL#:** _____

ID#: _____ **Address:** _____

City/State _____ **Zip** _____ **Phone#:** _____

OPEN NO # CAP, NO AGE LIMIT - **SUN DEC 7th** **Total payment included for OPEN \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#15.5 NO # CAP, NO AGE LIMIT - **FRI DEC 5th** **Total payment included for #15.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 ALL ENTRIES if paid by Oct 7

City/State: _____ **Phone:** _____

#14.5 NO # CAP, NO AGE LIMIT - **SAT DEC 6th** **Total payment included for #14.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#13.5 NO # CAP, NO AGE LIMIT - **MON DEC 8th** **Total payment included for #13.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#12.5 NO # CAP, MUST BE 21 - **TUE DEC 9th** **Total payment included for #12.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

Take advantage of Entry DISCOUNTS at the Key Card Finale on-site events!

Key Card

\$150 WSTR Membership Upgrade

\$150 USTRC Membership Upgrade

\$300 Key Card Membership
(I do not have a current membership)

*Key Card MAX *Best Value**

\$350 WSTR Membership Upgrade

\$350 USTRC Membership Upgrade

\$200 Key Card Upgrade
(I have a standard Key Card Membership)

\$500 Key Card MAX Membership
(I do not have a current membership)

Membership Payment \$ _____ Check Credit Card

Mail Payment To: 7500 Alamo Rd NW Albuquerque, NM 87120

Call 505-898-1755 or Fax Credit Card Payment to 505-792-3143 Website: WSTRoping.com **Total CC Charge: \$** _____

Credit Card Charges: *Administrative fee added: 4% on all Credit Cards*

Credit Card Payment Information: CC# _____ Exp _____ 3 or 4 digit CVS _____

CC Holder Name: _____

Billing Address: _____ City/State: _____ Zip: _____

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.

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ID#: _____ **Address:** _____

City/State _____ **Zip** _____ **Phone#:** _____

#11.5 7.5 HL Cap ; Must be 21 - **WED DEC 10th** **Total payment included for #11.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#10.5 6.5 HL Cap ; Must be 21 - **THU DEC 11th** **Total payment included for #10.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#9.5 5.5 HL Cap ; Must be 21 - **FRI DEC 12th** **Total payment included for #9.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#8.5 4.5 HD/HL Cap ; Must be 21 - **SAT DEC 13th** **Total payment included for #8.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

#7.5 4 HD/HL Cap ; Must be 21 - **SUN DEC 14th** **Total payment included for #7.5 \$** _____

Partner's Name: _____ **Partner's Position:** HD HL **ID#:** _____ **Handicap#:** _____

Select below if you are paying your partner's fees

\$2000 Legacy \$2500/Guest/TBA

City/State: _____ **Phone:** _____

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(I do not have a current membership)

Membership Payment \$ _____ Check Credit Card

Mail Payment To: 7500 Alamo Rd NW Albuquerque, NM 87120

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Credit Card Charges: *Administrative fee added: 4% on all Credit Cards*

Credit Card Payment Information: **CC#** _____ **Exp** _____ **3 or 4 digit CVS** _____

CC Holder Name: _____

Billing Address: _____ **City/State:** _____ **Zip:** _____

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