

Print Clearly



Name: _____ BBR# _____

Address: _____

City, State, Zip: _____

Mail Entries to: Phone: _____ DOB: _____

BRAT
PO Box 3312
Burleson, TX 76097

Member Y / N

FMI:
Tammi 817-343-4368
Leighann 817-291-7515

Members: Mark your point horse
or first horse run
will be your point horse

POINT HORSE

10:00am Section 1

2:30pm Section 2

OPEN 5D

YOUTH 4D (15& Under as of 5/1/25)

Adult 4D Incentive 16-49 as of 5/1/25

Senior 4D Incentive 50+ as of 5/1/25

Painted Ponies Incentive

Average 5D

BRAT Big Shot 3D

4D Pole Class

ebarrelracing.com

SCHEDULE

8:45-9:45 SECTION 1 EXHIBITIONS (LIMIT 50)
10:00-12:00 SECTION 1 OPEN (LIMIT 100)
12:15-2:15 SECTION 2 EXHIBITIONS (LIMIT 100)
2:30pm SECTION 2 OPEN (UNLIMITED)
Poles after Open Saturday only

2026-2027 Season

Location _____

Date: _____

Sec _____ Exhibitions	__ x \$5 = \$__
Open 5D	__ x \$50 = \$__
Youth 4D	__ x \$30 = \$__
Adult Inc	__ x \$30 = \$__
Senior Inc	__ x \$30 = \$__
Painted Ponies	__ x \$30 = \$__
Average 5D	__ x \$50 = \$__
Big Shot 3D	__ x \$150 = \$__
Pole Exh	__ x \$5 = \$__
Pole 4D	__ x \$50 = \$__
Arena Fee	\$15 per day
	Exh only \$5 Arena Fee
Total	\$

Horses Registered Name	Y/N	1	2	\$50	\$30	\$30	\$30	\$30	\$50	\$150	\$50

CARRY OVER TIME TO SUNDAY _____

(must pay complete Sunday race entry and carry over be declared before you run on saturday)

Note To Producer:



For Schedules, information & results, visit brat.ebarrelracing.com - Follow BRAT at facebook.com/brat.assn

Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities and I hereby release BRAT (Barrel Racing Association of Texas) and any and all affiliates from any claim/liability or loss to myself, employees, horses and/or equipment. Participant agrees to abide by rules of the "show management" and affirms that all horses brought onto premises have current negative coggins.

IF CONTESTANT IS UNDER 18 YEARS OF AGE: Signature of Parent of Legal Guardian is required above. By signing I acknowledge that I have read and Agree to and understand event rules.

SIGNATURE: _____ Print Name: _____ Date: _____

