

COMPETITOR REGISTRATION



December 28-29, 2019

DIVISION:	Qty	
<input type="checkbox"/> Open	<input type="text"/>	\$100
<input type="checkbox"/> Sport	<input type="text"/>	\$75
<input type="checkbox"/> Novice	<input type="text"/>	\$50
<input type="checkbox"/> Costume	<input type="text"/>	\$50

Price is per participant per entry

<input type="checkbox"/>	Rider
<input type="checkbox"/>	Skier

Skijoring USA Membership Confirmed

Membership is Required. Must be approved by SJA before registering.

Full Name _____

Social Security Number (Req'd for Winnings > \$600) _____

Address _____

Phone Number _____

City/State/ZIP _____

Email Address _____

Date of Birth _____

Emergency Contact Name _____

Signature _____ Date _____

Emergency Contact Phone _____

Parent Signature (if Under 18) _____ Date _____

If Rider, Please provide Horse Info:

Horse #1 Name _____	<input type="checkbox"/> Stabling Onsite (form attached)
Horse #2 Name _____	<input type="checkbox"/> Daily Haul-In
	*No Electric Fencing or Corrals Allowed

For Office Use Only:

Team Number(s): _____

Amount Paid: _____

Skijoring Insurance Confirmed
 Waiver Release Attached

Payment Method: Check
 Credit Card
 Cash