

Canadian Barrel Racing

25 - 46570 Macken Ave., Chilliwack, BC V2P 0G2
Phone: 1-604-997-0262

Race ID # _____

Remittance Form

Event Producer: _____

Address: _____
Street/PO City Province/State Postal Code/Zip

Phone: _____ Location of event: _____

Race Date: _____

of Open runs: _____ x \$2 = _____

of Novice runs: _____ x \$2 = _____

of Youth runs: _____ x \$2 = _____

of Senior runs: _____ x \$2 = _____

of Pole Bending runs: _____ x \$2 = _____

of Pee Wee runs: _____ x \$2 = _____

Total Fees: \$ _____

Memberships collected: \$ _____

Total Remitted: \$ _____

Memberships:

Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____

Please submit with results to **CBR:** #25 - 46570 Macken Ave., Chilliwack, BC V2P 0G2