

Turnin' 3 Productions



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CHECK/AWARD RELEASE FORM

PLEASE PRINT CLEARLY TO AVOID ANY DELAYS.

RIDER NAME: _____

HORSE'S REGISTERED NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ EMAIL: _____

FRIDAY BARREL RACE: WHICH D: _____ PLACING IN D: _____

SATURDAY BARREL RACE: WHICH D: _____ PLACING IN D: _____

SATURDAY YOUTH: WHICH D: _____ PLACING IN D: _____

SUNDAY BARREL RACE: WHICH D: _____ PLACING IN D: _____

SUNDAY YOUTH: WHICH D: _____ PLACING IN D: _____

Side-Pot: _____ Which Day: _____ WHICH D: _____ PLACING IN D: _____

WHO WILL BE PICKING UP YOUR CHECK(S) AND/OR AWARDS? _____

FOR OFFICE USE ONLY:

AGE VERIFIED: _____

RECEIVED BY: _____

DATE CHECK SENT: _____

W-9 on file? _____