

# 2017 PATRIOT MULEY ENTRY FORM



## ENTRY GUIDELINES:

\*QUALIFIED MULEY ROPER DEADLINE: 30 DAYS POST QUALIFYING EVENT. Jan and Feb Qualifiers postmark by Feb. 10. \$300 ROPER

\*DIRECT ENTRIES/BOOKS OPEN TO PUBLIC: JAN.1-FEB.10

\*GOLD + MEMBERS MAY WRITE PERSONAL CHECKS FOR LATE/ON-SITE ENTRIES.

\*\*\*PLEASE COMPLETE A SEPARATE ENTRY FOR EACH DIVISION YOU ENTER\*\*\*

MAIL YOUR ENTRY WITH YOUR PARTNER'S ENTRY OR SEPARATE. ENTRY WILL BE PROCESSED IF BOTH ENDS ARRIVE WITH PAYMENT PRIOR TO DEADLINE. SEPARATE CHECKS FOR EACH ENTRY ARE NECESSARY, SO PLEASE WRITE A SEPARATE CHECK FOR EACH ENTRY, AS WELL AS FOR YOUR STALL RESERVATION.

<b>HEADER NAME:</b> _____	<b>ID#</b> _____	<b>CLASSIFICATION#</b> _____
<b>DATE OF BIRTH</b> _____	<b>CELL PHONE #</b> _____	<b>ALTERNATE PHONE #</b> _____
<b>ADDRESS</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>EMAIL</b> _____		
<b>AMOUNT PAID \$</b> _____	<input type="checkbox"/> <b>CHECK #</b> _____	<input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CREDIT</b>
<b>FOR OFFICE USE ONLY: DATE PROCESSED</b> _____		

<b>HEELER NAME:</b> _____	<b>ID#</b> _____	<b>CLASSIFICATION#</b> _____
<b>DATE OF BIRTH</b> _____	<b>CELL PHONE #</b> _____	<b>ALTERNATE PHONE #</b> _____
<b>ADDRESS</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>EMAIL</b> _____		
<b>AMOUNT PAID \$</b> _____	<input type="checkbox"/> <b>CHECK #</b> _____	<input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CREDIT</b>
<b>FOR OFFICE USE ONLY: DATE PROCESSED</b> _____		

#12 SLIDE MULEY WORLD CHAMPIONSHIPS

**PICK ONE DRAW ONE \$300, CAPPED AT FIRST 100 ENTERED TEAMS WEDNESDAY, FEBRUARY 22ND, 2017**

#10 MULEY WORLD CHAMPIONSHIPS

**PICK ONE DRAW ONE \$300, CAPPED AT FIRST 100 ENTERED TEAMS FRIDAY, FEBRUARY 24TH, 2017**

**CREDIT CARD PAYMENT: 4% FEE FOR CREDIT CARD ENTRIES**  **VISA**  **MC**  **DISC**  **AMEX**

**ACCT #** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_ **3 OR 4 DIGIT CVS** \_\_\_\_\_

**NAME OF CARDHOLDER** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS OF CARDHOLDER** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**AMOUNT CHARGED \$** \_\_\_\_\_ **(INCLUDE 4% CONV. FEE) AUTHORIZATION SIGNATURE** \_\_\_\_\_

By returning this form and making nomination into the Patriot Finale, I acknowledge that my partners and I have read and voluntarily agree to the release and waiver of liability and indemnity agreement found on The Patriot website and on the back of this form.

**MAKE CHECKS PAYABLE TO THE PATRIOT & MAIL TO: P.O. Box 355 / Rogersville, MO 65742**

**OFFICE: 417-547-3406 OR 417-631-6448/ EMAIL: INFO@AMERICANPATRIOTEVENT.COM/ WEBSITE: AMERICANPATRIOTEVENT.COM**