

# 2019 PATRIOT- VETERANS ENTRY FORM

**VETERANS PRO-AM - 100% PAYBACK**

**FRIDAY, MARCH 1**

## GUIDELINES:

- \*ENTRY DUE BY Feb. 15, 2019
- \*CURRENT COGGINS AND HEALTH PAPERS REQUIRED
- \*MUST BE CURRENT ROPE METRICS MEMBER
- \*\$250 PER VETERAN/LIMITED ENTRY
- \*100% CASH PAYBACK PLUS PRIZES TO ALL PARTICIPANTS
- \*INDICATE BELOW HEADER OR HEELER
- \*4 HD P.A.1



**FOR OFFICE USE ONLY: DATE PROCESSED \_\_\_\_\_**

<b>HEADER/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 \$250</b>	<input type="checkbox"/> <b>CHECK #</b> _____	<input type="checkbox"/> <b>CASH</b> _____ <input type="checkbox"/> <b>CREDIT</b>

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

<b>ACCT #</b> _____	<b>EXP. DATE</b> _____	<b>3 OR 4 DIGIT CVS</b> _____
<b>NAME OF CARDHOLDER</b> _____	<b>PHONE #</b> _____	
<b>ADDRESS OF CARDHOLDER</b> _____	<b>CITY</b> _____	<b>STATE</b> _____ <b>ZIP</b> _____
<b>AMOUNT CHARGED \$</b> _____	<b>(INCLUDE 4% CONV. FEE) AUTHORIZATION SIGNATURE</b> _____	

By returning this form and making nomination into the Patriot Finale, I acknowledge that 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: 417-350-1252/ EMAIL: INFO@AMERICANPATRIOTEVENT.COM/ WEBSITE: AMERICANPATRIOTEVENT.COM**

## IF YOU COULD ROPE WITH ANY PRO IN THE WORLD, WHO WOULD IT BE ? NAME YOUR TOP 3 PICKS

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## SUMMARY OF YOUR SERVICE, INCLUDING BRANCH: