



## LYNN MCKENZIE BARREL RACING CLINIC

**Date:** October 28 & 29, 2017  
**Place:** Boswell Rodeo Arena, Boswell, OK  
**Cost:** \$425.00

**Entry form due:** October 23, 2017

**Send entry and \$225.00 deposit to: Amber Garrett**  
**(This is a non-refundable deposit) Rt. 1, Box 1025**  
**Boswell, OK 74727**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Number of horses** \_\_\_\_\_ **Number of stalls needed** \_\_\_\_\_ **Cost each:** \$

**If under 18:** \_\_\_\_\_ **has my permission to attend the**

**Lynn McKenzie Clinic.** \_\_\_\_\_  
(SIGNED)

**Email Address** \_\_\_\_\_

**We need permission to add your email address to our LM Barrel Racing email list & to send you emails from time to time. "I want to be on your email list and receive the emails: Yes \_\_\_\_\_ No \_\_\_\_\_"**

**We also accept: Visa, Master Card, or Discover. You may also pay online by *PayPal*. Go to [www.lmbarrelracing.com/clinic\\_page.htm](http://www.lmbarrelracing.com/clinic_page.htm) For credit cards please include:**

**Name on Card** \_\_\_\_\_ **Card #** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**City** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Every effort will be made to insure the safety of each student and their horse(s). I hereby release Lynn & Murray McKenzie, the Lynn McKenzie Clinic, and/or any of the sponsors, helpers, or facility owners from liability in case of accident or injury.**

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE (PARENT IF MINOR)

Please have entry notarized before returning.