

# Canadian Barrel Racing

9610 Armstrong Road, Chilliwack, BC V2P 6H4  
 Phone: 1-604-701-1104      Fax: 1-604-795-5149

Race ID # _____
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## 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 Pee Wee runs: \_\_\_\_\_ x \$2 = \_\_\_\_\_

# of Pole Bending runs: \_\_\_\_\_ x \$2 = \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

Memberships collected: \$ \_\_\_\_\_

Total Remitted: \$ \_\_\_\_\_

**Memberships:**

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

Please submit with results to **CBR:** 9610 Armstrong Road, Chilliwack, BC V2P 6H4