

CARRY OVER: YES NO INITIALS \_\_\_\_\_

Draw # \_\_\_\_\_

# SOUTHEAST TEXAS BARREL RACING ASSOCIATION

## OPEN 5D BARRELS

Date \_\_\_\_\_

Member: Yes No

Name \_\_\_\_\_

Nominated: Yes No  
(Buckle Series)

Horse \_\_\_\_\_

Division \_\_\_\_\_

Place \_\_\_\_\_

Money \_\_\_\_\_

Points \_\_\_\_\_

<b>TIME:</b> _____ <b>Penalty:</b> _____
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