



EVENT APPROVAL FORM

Please complete and email to Beth Baxter at goingfaster@charter.net
If you have questions please call or text 308-440-3776.

EVENT NAME: _____

DATE: _____

ARENA NAME: _____

LOCATION: _____
Street Address City State

DIRECTIONS: _____

TIME EXHIBITIONS BEGIN: _____

TIME BARREL RACE BEGINS: _____
(If a double run please indicate this and time of 2nd run)

EVENT CLASSES (Check all that apply): PEE WEES (7 & UNDER)

YOUTH (13 & UNDER)

OPEN

IF MORE THAN OPEN CLASS, PLEASE LIST ORDER OF EVENTS:

EVENT FEES: EXHIBITIONS \$ _____

ENTRY FEES (as applicable): PEE WEES \$ _____

YOUTH \$ _____

OPEN \$ _____

CONTACT INFO:

NAME: _____

EMAIL: _____

PHONE: _____

What contact info do you want listed on the NE 4D website in the calendar of approved events?