



Cashel Race for the Cash  
 September 14 - 16, 2007  
 Pelzer, South Carolina



**Late Rider Change Form**

Phone: (903) 677-1213  
 Fax: (432) 224-1222

*There will be a \$25 change fee applied.*

<b>Original Rider's Name:</b> _____		<b>Draw #:</b> _____					
<b>Section:</b> _____	<b>Horse Name</b>	<b>Rider Incentive Races</b>			<b>New Incentive Races</b>		
		Young (18 yrs & under)	Adult (19-49)	Senior (50 & Over)	8 & Under	Big Bucks (18 & Over)	Your Entry Fees Are Paid
<i>A refund will be given for the incentive, if requested, minus a 10% processing fee.</i>							
Horse #1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>New Rider's Name:</b> _____							
<b>Section:</b> _____	<b>Horse Name</b>	<b>Rider Incentive Races</b>			<b>New Incentive Races</b>		
		Young (18 yrs & under)	Adult (19-49)	Senior (50 & Over)	8 & Under	Big Bucks (18 & Over)	Your Entry Fees Are Paid
Horse #1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse #5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Payment Information**

Credit Card: Visa Mastercard Discover AMX  
 Credit Card Number

Exp Date:     Billing Address on Credit Card  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

**A new entry form must be filled out (along with the rider change form) if the new rider is not already entered in this race.**

The Rider Change Form must be completed at least 24 hours before the first section of the race begins.  
*We will monitor this and if we find anyone abusing this new rule, they will not be permitted to use it any more.*

**For Office Only**

Payment Type: \_\_\_\_\_ Payment Amount: \_\_\_\_\_  
 Total: \_\_\_\_\_