



Change Form  
Oxygen Race for the Cash IV  
May 14-17, 2009  
Glen Rose, TX

Phone # (903) 677-1213  
Fax # (432) 224-1222  
*You will receive a fax confirmation in one business day*

*There will be a \$10 change fee applied*

Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Horse**

Name of entered horse: \_\_\_\_\_

Change horse to: \_\_\_\_\_

**Notes**

\_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

Credit Card Type: VISA MASTERCARD DISCOVER AMEX  
(Please circle one)

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID Authorization: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**For Office Use Only**

Payment Type: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Total: \_\_\_\_\_