

Announcer Information

Reunion Barrel Race

Josey Enterprises, Inc.

Draw #:

(PLEASE PRINT OR TYPE CLEARLY)

NAME (As you wish announced): _____ Age: _____

City: _____ State: _____

Awards/Wins/Special Accomplishments: (Use the back if necessary)

Year

Accomplishment

Year	Accomplishment
_____	_____
_____	_____
_____	_____
_____	_____

Registered Name of horse: _____

REQUIRED FOR EQUI-STAT

(ONE SHEET FOR EACH HORSE YOU RIDE)

*****NOTE: if you change horses before starting the Josey Reunion Race, please complete a corrected announcer sheet and let us know so we have the most up to date information.**

Age of horse: _____

Sire: _____ M: _____ G: _____ S: _____

Grand Sire: _____

Dam: _____

What has this horse won: (Give year and accomplishment)

Year

Accomplishment

Year	Accomplishment
_____	_____
_____	_____
_____	_____

List any barrel racing associations you belong to: _____

First year you attended a Josey Clinic? _____

How many Josey Clinics have you attended? _____

Your hometown newspaper

Name _____ City/state: _____