

RRVHSA

Open Check Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Rider # _____ Rider # _____ Rider # _____ Rider # _____

In the event I do not check out with the office before the end of the show, by signing this form, I authorize RRVHSA to fill in the dollar amount on this check according to the records kept with the show secretary on this date.

Signed _____

Date _____

Check # _____

Events Participated in:

1 2 3 4 5 6 7 8 9 10 11 12 13 14
15 16 17 18 19 20 21 22 23 24 25 26 27 28
29 30 31 32 33 34 35 36 37 38

Jackpot--\$ 10

Events ____ x \$ 4 = _____

Jack Pot ____ x \$ 10 = _____

Total Fees Due _____