



# American West Recap Sheet

**PLEASE MAKE COPY OF THIS FORM AND MAIL TO THE AMERICAN WEST OFFICE**

Return this sheet on or before the first Tuesday following the race.  
After 14 days there is a \$50 Late Fee.

Date of Race: \_\_\_\_\_ Event Name: \_\_\_\_\_  
 Arena Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Name of Arena Producer: \_\_\_\_\_  
 Telephone: (Day #) \_\_\_\_\_ (Eve. #) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

American West 4D sanctioned race \_\_\_\_\_ Affiliate race \_\_\_\_\_  
 Amount of Added Money \$ \_\_\_\_\_ Regular Points \_\_\_\_\_ 3X Points \_\_\_\_\_ 5X Points \_\_\_\_\_

1. A complete list of race results. (Contestant's Names, Membership Numbers or "pending", Times, and Money Won.)
2. All new Membership Applications.

<b>Fees</b>	<b>Qty.</b>	<b>Fee</b>	<b>Total</b>
3. Gold Plus Membership Fees (Subscription/Check Writing for late entry Classics)		\$125	
4. Regular Membership Fees & Newspaper Subscription		\$75	
5. Regular Membership Fees (US/Canada)		\$45	
6. Newspaper Subscription (US only)		\$30	
7. Canada Gold Plus Membership Fees (Subscription/Check Writing for late entry Classics)		\$155	
8. Canada Regular Membership & Newspaper		\$120	
9. Canada Newspaper only		\$75	
10. Additional Memberships (More than one horse)		\$30	
11. \$2 Per Run Money (All runs including nonmembers, downed barrels and no times) ALL OPEN, SENIOR, YOUTH.		\$2	
12. Arena Operator Approval Fee per day.	1 per day	\$5	
Late Fee: If submitted after 14 days of completed race.		\$50	
<b>TOTAL AMOUNT SUBMITTED</b>			<b>\$</b>

13: List of Shoot Out winner (if needed attach a separate sheet) \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above results are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Arena Operator \_\_\_\_\_  
 Date

Please make a copy of this sheet for your records. Mail this sheet and check made payable to: American West  
 6529 W. Fremont Rd. Laveen, AZ 85339  
 PH: (602) 237-2870 FX: (602) 237-9460 E:Mail: aw4d@aol.com

American West Office Use Date Results Received \_\_\_\_\_ Event ID: \_\_\_\_\_  
 Received by \_\_\_\_\_ Paid in Full \_\_\_\_\_ Check Number \_\_\_\_\_