4-D BSCC Race Result Re-cap Form

RACE: _____

DATE: _____

SECRETARY:_____PHONE:_____

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4-D RUNS ____x $4.00 =$_____
x $5.00 =$_____

TOTAL $_____

MEMBERSHIPS/NOMINATIONS
(Please list names and how paid, personal check or cash. Enclose membership forms.)

_____

_____

_____

_____

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_____

SEND TO:
BSCC
P.O. Box 991
Veneta, OR 97487
541-729-6610
bsccoregon@gmail.com

Payment must be mailed within 7 days to BSCC with this form.