



CALIFORNIA CLASSIC 2024

Breeder / Contact Name:	Loft / Team Name:
Contact Number:	Email Address:
Street Address / City / State / Zip Code:	

Race Categories:	ENTRY FEE
Band Number(s):	350
TOTAL:	

MAILING & PAYMENT INFORMATION

ALL ENTRY FORM(s) & PAYMENT(s) TYPE ARE TO BE SUBMITTED AFTER THE ACTIVATION RACE #1 140 miles. No Exceptions.

(When mailing forms and checks, it is recommended to mail via Priority Mail and/or Overnight Mail)

The California Classic OLR and Staff is not responsible for tracking payment(s).

As a participant, you must follow up if your payment(s) have not cleared or are not entered in Wincompanion prior to the basketing of the Second Race.

ENTRY FORM(s) CAN BE MAILED or ELECTRONICALLY SENT

(See Information Below)

Mailing Address:

California Classic OLR and Staff
15622 Lyons Valley Rd.
Jamul, CA 91935

E-Mail:

calclassic.oler@gmail.com
Subject Line: (Entry Form)

PAYMENT(s) CAN BE SENT ELECTRONICALLY OR VIA CHECK

Proof of electronic payment(s) can be sent via e-mail (calclassic.oler@gmail.com) or text (619-454-7696).

When sending check(s) it is the participant's responsibility to make a copy or take a picture incase check(s) are lost in the mail.

WHEN USING PAYPAL A 4% FEE MUST BE APPLIED. COST OF \$364 PER BIRD MUST BE PAID USING "GOODS AND SERVICES" OPTION. No Exception!

Send Electronic Zelle Payment(s) To:

ccsdrace@yahoo.com

Make Check(s) Payable To:

California Classic

PayPal Payment(s):

ccsdrace@yahoo.com

I certify that I have read and understand the Rules and Information of the California Classic and Optional races and will comply with the rules. I understand that failure to meet deadlines for entry fees will result in forfeiture of any birds not paid in full by those dates. I understand that no prize awards of \$600 or more will be paid prior to receipt of a completed W-9 form.

Print Name: _____

Signature: _____

Date: _____

Do you wish to reserve your spot(s) for the California Classic 2025 Race Season?	(Yes) How Many? : _____	(No)
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(For California Classic Race Officials Use Only) Check Number:	Initial:	Date:
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