

THSRA – REGION VI
QUALIFYING RODEO #1
OFFICIAL ENTRY BLANK

Mail to:
THSRA – REGION VI
Attn: Laura Goodman
4896 Windmill Cove
Waelder, TX 78959
(830) 839-4206
Email: gdmnlr@yahoo.com

Place: JB WELLS ARENA, GONZALES
Date: September 10, 2011

Rodeo Time: 9:00am
Postmark Deadline: August 29, 2011

NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____

PHONE #: _____ ZIP: _____

EVENTS FOR GIRLS	ENTRY FEE	PARENT'S SIGNATURE
____ Barrel Racing	\$30	_____
____ Pole Bending	\$30	_____
____ Breakaway Roping	\$35	_____
____ Goat Tying	\$35	_____

EVENTS FOR BOYS	ENTRY FEE	PARENT'S SIGNATURE
____ Bareback Riding	\$65	_____
____ Saddle Bronc	\$65	_____
____ Bull Riding	\$65	_____
____ Tiedown	\$35	_____
____ Steer Wrestling	\$35	_____

EVENTS FOR GIRLS & BOYS	ENTRY FEE	PARENT'S SIGNATURE
____ Team Roping	\$35	_____

Header: _____ Heeler: _____

YOU MAY NOT ENTER OPEN TEAM ROPING* MUST HAVE A PARTNER*NO COURTESIES

TOTAL ENTRY FEES DUE	\$ _____	All Entries postmarked after
OFFICE CHARGE	\$ _____ 30.00	the deadline will be charged \$40.00
LATE FEE	\$ _____	late fee – NO EXCEPTIONS
TOTAL FEES	\$ _____	

Medical draw outs will be honored ONLY if I am notified BEFORE the rodeo starts.

I certify that this student meets the National High School Rodeo Association's GRADE & CONDUCT qualifications. Minimum requirements: Student must be passing 4 subjects or if carrying less than 4, must be passing all:

SIGNED: _____ DATE: _____
(COUNSELOR-PRINCIPAL-SUPERINTENDENT)

We, the Parents or Guardians of _____ (contestant), give permission to the Physicians on the Medical Staff or the Hospital to administer necessary emergency Treatment for injuries he/she may incur while participating in the officially approved High School Rodeos. We understand that each contestant must be covered by medical insurance. We hereby release the Hospital, Physicians on the Medical Staff, And the Rodeo Sponsors from all liability.

SIGNED: _____
(PARENT OR GUARDIAN)