

THSRA – REGION VI  
**QUALIFYING CUTTING #9 - #12**  
OFFICIAL ENTRY BLANK

Mail to: THSRA – REGION VI  
ATTN: Laura Goodman      Place: JB WELLS ARENA, GONZALES  
4896 Windmill Cove      Date: January 1-2, 2012  
Waelder, Tx 78959  
(830) 839-4206

Postmark Deadline: December 20, 2010

cindy@thsra6.net

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NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ZIP: \_\_\_\_\_

EVENTS FOR GIRLS	ENTRY FEE	PARENT'S SIGNATURE
____ Cutting #9	\$30	_____
____ Cutting #10	\$30	_____
____ Cutting #11	\$30	_____
____ Cutting #12	\$30	_____

EVENTS FOR BOYS	ENTRY FEE	PARENT'S SIGNATURE
____ Cutting #9	\$30	_____
____ Cutting #10	\$30	_____
____ Cutting #11	\$30	_____
____ Cutting #12	\$30	_____

TOTAL ENTRY FEES DUE	\$ _____	All Entries <b>postmarked after</b>
OFFICE CHARGE \$30.00 x 4	\$ _____ 120.00	the deadline will be charged \$40.00
LATE FEE	\$ _____	late fee – <b>NO EXCEPTIONS</b>
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)