

OFFICIAL ENTRY BLANK
GENERIC

HIGH SCHOOL _____

WRANGLER _____

District Six High School
Rodeo Association
2010

Rodeo: (circle one)	<u>CS I</u>	<u>CS II</u>	<u>FILER</u>	<u>RUPERT</u>	<u>BURLEY</u>	<u>OAKLEY I</u>	<u>OAKLEY II</u>	<u>RUPERT II</u>
Rodeo Date:	3/26-27	4/2-3	4/9-10	4/16-17	4/30-5/1	5/7-8	5/14-15	5/21-22
Entry Due Date:	3/15	3/15	3/26	3/26	4/16	4/16	4/30	4/30

Wrangler Division can enter the Saturday performance only. Members can enter all but Burley and Rupert II.
All Wrangler Division Rules apply.

THIS FORM MUST BE NOTARIZED

Name of Contestant _____ Age _____
 Address _____
 School _____ Grade _____ Phone _____

Money must accompany entry to be accepted. Make checks payable to: **6th Dist HS Rodeo**

This entry form is two sided. Both sides must be completed in full. Entries **MUST** be given to Director or Advisor or mail to: **Melanie Crist, 3111 E 3200 N, Twin Falls ID 83301**

I will not accept any entries that are not in my hand by the due date!!!

Please X the events you wish to enter:

BOY'S EVENTS

- () Bareback Riding----\$14.00 X__ = _____
- () Saddle Bronc ----\$14.00 X__ = _____
- () Bull Riding ----\$14.00 X__ = _____
- () Steer Wrestling ----\$14.00 X__ = _____
- () Tie Down ----\$11.00 X__ = _____
- () Team Roping ----\$11.00 X__ = _____
- Header _____ Heeler _____
- Office Charge---\$3.00 X__ = _____

GIRL'S EVENTS

- () Barrel Racing--\$9.00 X__ = _____
- () Pole Bending---\$9.00 X__ = _____
- () Goat Tying-----\$9.00 X__ = _____
- () Breakaway----\$11.00 X__ = _____
- () Team Roping--\$11.00 X__ = _____
- Header _____ Heeler _____
- Office Charge---\$3.00 X__ = _____

Total Entries Enclosed \$ _____

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Please give name of Team Roping Partner: _____ (Partner must also be a 6th District Rodeo Association Member.)

Parents and Contestants: Please Note and Sign: I understand that failure of a contestant or his/her parents to follow the chain of command, or violation of any **NHSRA** rule or ground rule may result in probation for the **contestant** or immediate disqualification of the **contestant**.

Signature of Contestant Date: _____

Signature of Parent/Guardian Date: _____

READ AND COMPLETE THE FOLLOWING AND HAVE IT NOTORIZED

We, the parents or guardians of _____ (Contestant's Name), give ANY HOSPITAL, physicians on the Medical Staff of the Hospital and American Red Cross Volunteers permission to administer necessary emergency treatment for injuries he or she may incur while participating in the District Six Qualifying Rodeo held on the grounds of ANY ARENA. We understand that each contestant must be and is covered by Accident Insurance. We hereby release ANY HOSPITAL, its Physicians, Ambulance Service, Red Cross Volunteers, and Rodeo Sponsors from all liability.

We further do hereby give permission for our son or daughter, above named, to participate in any or all events he or she has elected to enter and waive all liability against the management for injuries he or she and/or property may sustain.

SUBSCRIBED AND SWORN TO before me this _____ day _____ 2010

NOTARY PUBLIC FOR IDAHO
Residing at _____
Commission Expires _____

Signature of Contestant

Signature of Parent or Guardian

GRADE POINT AVERAGE _____

I certify that _____ is enrolled in _____ High School and that his/her current grades are a 2.0 or better, and that he/she is a student in good standing with the school.

DATED _____

NAME AND POSITION