

DISTRICT II HIGH SCHOOL RODEO ENTRY FORM

QUALIFYING RODEOS

#5 & #6

APR. 24

APR. 25

10:00

NEW PLYMOUTH RODEO GROUNDS

Entry due date for all rodeo's is **20 days prior**. They must be post-marked by **April 3rd**, the full 20 days prior.

Late charge of \$25.00 per day is assessed for entries postmarked after the due date.

Entries postmarked after April 8th or incomplete entries will not be accepted.



Mail Entries to:

Kristi Cox
 23162 Brady Ashley Dr
 Middleton, ID 83644
 Phone: 208-585-5866

Office Use Only

Clk # _____

\$ _____

Cash: \$ _____

Contestant's Name _____

Address _____

Phone: _____ School _____ Grade _____

Boys Events

	April 24	April 25
Bareback	\$20.00	Bareback \$20.00
Bull Riding	\$20.00	Bull Riding \$20.00
Calf Roping	\$15.00	Calf Roping \$15.00
Saddle Bronc	\$20.00	Saddle Bronc \$20.00
Steer Wrestling	\$15.00	Steer Wrestling \$15.00
Team Roping	\$12.00	Team Roping \$12.00
Scholarship fund	\$ 1.00	Scholarship fund \$ 1.00
Totals	_____	Totals _____

Girls Events

	April 24	April 25
Barrel Racing	\$10.00	Barrel Racing \$10.00
Breakaway Roping	\$15.00	Breakaway Roping \$15.00
Goat Tying	\$10.00	Goat Tying \$10.00
Pole Bending	\$10.00	Pole Bending \$10.00
Team Roping	\$12.00	Team Roping \$12.00
Queen Contest	\$10.00	Queen Contest \$10.00
Scholarship fund	\$ 1.00	Scholarship fund \$ 1.00
Totals	_____	Totals _____

TEAM ROPING PARTNER'S NAME

It is your responsibility to make sure your partner is getting their fees in on time. _____ circle one: header/heeler.

We, the parents or guardians of (name of contestant) _____ give the Holy Rosary Medical Center or (name of hospital of choice) _____ and the physicians on the Medical Staff of the Hospital permission to administer **NECESSARY EMERGENCY** treatment for injuries he/she may incur while participating in the District II High School qualifying rodeos. We understand that each contestant must be and is covered by medical insurance. We, hereby release Holy Rosary Medical Center or (hospital of choice) _____ or physicians on the Medical Staff, and the Rodeo Sponsors, all members, stock contractors, and rodeo committees from all Liability except for negligence.

PARENTS AND CONTESTANTS PLEASE NOTE: 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 SHALL RESULT IN PROBATION OF THE CONTESTANT OR IMMEDIATE DISQUALIFICATION OF THE CONTESTANT.**

Parent or Guardian _____

Contestant _____

Subscribed and sworn to me on this _____ day of _____, 2010

Notary Public of Idaho _____ Residing _____

Commission Expires _____

I certify the this student meets the National High School Rodeo Association's grade and conduct qualifications. (current grade and conduct requirements only)

Signed: _____

(Superintendent, Principal, Designee, or National Director)

Date: _____