

DISTRICT II HIGH SCHOOL RODEO ENTRY FORM

QUALIFYING RODEOS

#9 & #10
MAY 30
MAY 31

10:00

CALDWELL RODEO GROUNDS

Entry due date for all rodeo's is **20 days prior**. They must be postmarked by May 10th, the full 20 days prior.

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

Entries postmarked after May 15th or incomplete entries will not be accepted.



Mail Entries to:

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

Contestant's Name _____
Address _____
Phone: _____ School _____ Grade _____

		<u>Boys Events</u>			
	May 30		May 31		
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	header/heeler	Team Roping	\$12.00	header/heeler
Scholarship fund	\$ 1.00	\$1.00	Scholarship fund	\$ 1.00	\$1.00
Totals	_____	_____	Totals	_____	_____

		<u>Girls Events</u>			
	May 30		May 31		
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	header/heeler	Team Roping	\$12.00	header/heeler
Queen Contest	\$10.00		Queen Contest	\$10.00	
Scholarship fund	\$ 1.00	\$1.00	Scholarship fund	\$ 1.00	\$1.00
Totals	_____	_____	Totals	_____	_____

TEAM ROPING PARTNER'S NAME _____ circle one: header/heeler.
It is your responsibility to make sure your partner is getting their fees in on time.

We, the parents or guardians of (name of contestant) _____ give the West Valley 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 West Valley 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 GOUND 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: _____ Date: _____
(Superintendent, Principal, Designee, or National Director)

<u>Office Use Only</u>	
Clk # _____	_____
\$ _____	_____
Cash: \$ _____	_____