WRANGLE DIVISION ENTRY FORM (PRACTICE ONLY)

SEPT 27 ONLY

10:00

NEW PLYMOUTH RODEO GROUNDS

Entry due date for all rodeo's is:
twenty days prior.

This entry must be post-marked by **Sept 6th** the full 20 days prior or hand delivered on September 9th at the meeting.

Late Entries postmarked by Sept 11th will be accepted with $25.00/day late fee

Incomplete or late entries (after the 15 days) will not be accepted.

Mail Entries to:
Kristi Cox
23162 Brady Ashley Dr
Middleton, ID 83644
Ph: 208-585-5866

Office Use Only

Ck # _____

Cash $ _____

Received by: _____

Contestant's Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ School _____ Grade _____

Boys Events				***Girls Events***		
Sept 27				**Sept 27**		
Chute Dogging	$10.00	_____		Barrel Racing	$10.00	_____
Bull Riding	$10.00	_____		Pole Bending	$10.00	_____
Calf Roping	$10.00	_____		Goat Tying	$10.00	_____
Breakaway	$10.00	_____		Breakaway	$10.00	_____
Ribbon Roping	$10.00	_____	roper/runner	Ribbon Roping	$10.00	_____
Team Roping	$10.00	_____	header/heeler	Team Roping	$10.00	_____
Goat Tying	$10.00	_____				
	Totals	_____			**Totals**	_____

Boys must choose between Calf Roping and Breakaway (not both)

This is on a trial basis for the 1st rodeo. We will try to offer all of these events. However, depending on the availability of stock, District 2 may cancel any event. We will notify you ahead of time if

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.

RIBBON ROPING PARTNER'S NAME_____circle one: roper/runner.
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 _____, 20____

Notary seal

_____ _____ _____
Notary Public of Idaho Residing Commission Expires