**TEXAS HIGH RODEO ASSOCIATION**

**REGION X HIGH SCHOOL Cutting #9**

Mail to: Stephanie Shoemaker Place:Bell County Expo

 6500 CR 1202 Date: Jan 4th

 Cleburne, TX 76031 Contact: Cary Sims 979-525-9700

 (817) 648-2728 (cell) **Due Date: Dec 30th**

 Texasregion10@gmail.com

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY/ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYONE MUST SELL….**

**(1) $100 REGION AD BY September 15, 2018**

**RAFFLE/ADS TO BE SOLD…**

**(1) $50 BLOOMER TICKET**

**(15) DODGE TRUCK RAFFLE TICKETS**

**(1) $50 STATE AD**

 **(tbd) CABELA’S RAFFLE TICKETS (number of required tickets to be sold will be handed out at first rodeo)**

**THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 6, 2018**

**TO RODEO SECRETARY**

**CHECK THE EVENTS YOU WISH TO ENTER**

**EVENTS FOR GIRLS ENTRY FEES**

⬜ Girls Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

**EVENTS FOR BOYS ENTRY FEES**

⬜ Boys Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

TOTAL ENTRY FEES DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE CHARGE

(PER CUTTING) $\_\_\_ 25.00

STATE OFFICE CHARGE

(PER CUTTING) $\_\_\_ 2.00

GATE FEE

(PER CUTTING) $\_\_\_\_\_\_\_10.00

LATE FEE ($25.00)

(PER CUTTING) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.**

I, the Parent or Guardian 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. I understand that each contestant must be and covered by medical insurance. I hereby release the Hospital, Physicians on The Medical Staff, and the Rodeo Sponsors from all liability:

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENT OR GUARDIAN)**

**TEXAS HIGH RODEO ASSOCIATION**

**REGION X HIGH SCHOOL CUTTING #10**

Mail to: Stephanie Shoemaker Place: Bell County Expo

 6500 CR 1202 Date: Jan 5th

 Cleburne, TX 76031 Contact : Cary Sims 979-525-9700

 (817) 648-2728 (cell) **Due Date: Dec 30th,2019**

 Texasregion10@gmail.com

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY/ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYONE MUST SELL….**

**(1) $100 REGION AD BY September 15, 2018**

**RAFFLE/ADS TO BE SOLD…**

**(1) $50 BLOOMER TICKET**

**(15) DODGE TRUCK RAFFLE TICKETS**

**(1) $50 STATE AD**

 **(tbd) CABELA’S RAFFLE TICKETS (number of required tickets to be sold will be handed out at first rodeo)**

**THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 6, 2018**

**TO RODEO SECRETARY**

**CHECK THE EVENTS YOU WISH TO ENTER**

**EVENTS FOR GIRLS ENTRY FEES**

⬜ Girls Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

**EVENTS FOR BOYS ENTRY FEES**

⬜ Boys Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

TOTAL ENTRY FEES DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE CHARGE

(PER CUTTING) $\_\_\_ 25.00

STATE OFFICE CHARGE

(PER CUTTING) $\_\_\_ 2.00

GATE FEE

(PER CUTTING) $\_\_\_\_\_\_\_10.00

LATE FEE ($25.00)

(PER CUTTING) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.**

I, the Parent or Guardian 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. I understand that each contestant must be and covered by medical insurance. I hereby release the Hospital, Physicians on The Medical Staff, and the Rodeo Sponsors from all liability:

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENT OR GUARDIAN)**

**TEXAS HIGH RODEO ASSOCIATION**

**REGION X HIGH SCHOOL CUTTING #11**

Mail to: Stephanie Shoemaker Place: Bell County Expo

 6500 CR 1202 Date:March 7

Cleburne, TX 76031 Contact : Cary Sims

 (817) 648-2728 (cell) **Due Date: March 2nd,2020**

Texasregion10@gmail.com

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY/ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYONE MUST SELL….**

**(1) $100 REGION AD BY September 15, 2018**

**RAFFLE/ADS TO BE SOLD…**

**(1) $50 BLOOMER TICKET**

**(15) DODGE TRUCK RAFFLE TICKETS**

**(1) $50 STATE AD**

 **(tbd) CABELA’S RAFFLE TICKETS (number of required tickets to be sold will be handed out at first rodeo)**

**THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 6, 2018**

**TO RODEO SECRETARY**

**CHECK THE EVENTS YOU WISH TO ENTER**

**EVENTS FOR GIRLS ENTRY FEES**

⬜ Girls Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

**EVENTS FOR BOYS ENTRY FEES**

⬜ Boys Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

TOTAL ENTRY FEES DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE CHARGE

(PER CUTTING) $\_\_\_ 25.00

STATE OFFICE CHARGE

(PER CUTTING) $\_\_\_ 2.00

GATE FEE

(PER CUTTING) $\_\_\_\_\_\_\_10.00

LATE FEE ($25.00)

(PER CUTTING) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.**

I, the Parent or Guardian 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. I understand that each contestant must be and covered by medical insurance. I hereby release the Hospital, Physicians on The Medical Staff, and the Rodeo Sponsors from all liability:

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENT OR GUARDIAN)**

**TEXAS HIGH RODEO ASSOCIATION**

**REGION X HIGH SCHOOL CUTTING #12**

Mail to: Stephanie Shoemaker Place: Bell County Expo

 6500 CR 1202 Date: March 8th

Cleburne, TX 76031 Contact: Cary Sims 979-595-9700

 (817) 648-2728 (cell) **Due Date: March 2nd, 2020**

Texasregion10@gmail.com

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY/ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYONE MUST SELL….**

**(1) $100 REGION AD BY September 15, 2018**

**RAFFLE/ADS TO BE SOLD…**

**(1) $50 BLOOMER TICKET**

**(15) DODGE TRUCK RAFFLE TICKETS**

**(1) $50 STATE AD**

 **(tbd) CABELA’S RAFFLE TICKETS (number of required tickets to be sold will be handed out at first rodeo)**

**THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 6, 2018**

**TO RODEO SECRETARY**

**CHECK THE EVENTS YOU WISH TO ENTER**

**EVENTS FOR GIRLS ENTRY FEES**

⬜ Girls Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

**EVENTS FOR BOYS ENTRY FEES**

⬜ Boys Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

TOTAL ENTRY FEES DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE CHARGE

(PER CUTTING) $\_\_\_ 25.00

STATE OFFICE CHARGE

(PER CUTTING) $\_\_\_ 2.00

GATE FEE

(PER CUTTING) $\_\_\_\_\_\_\_10.00

LATE FEE ($25.00)

(PER CUTTING) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.**

I, the Parent or Guardian 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. I understand that each contestant must be and covered by medical insurance. I hereby release the Hospital, Physicians on The Medical Staff, and the Rodeo Sponsors from all liability:

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENT OR GUARDIAN)**

**TEXAS HIGH RODEO ASSOCIATION**

**REGION X HIGH SCHOOL CUTTING #9**

Mail to: Stephanie Shoemaker Place: Bell County Expo

 6500 CR 1202 Date:

Cleburne, TX 76031 Time: 8 AM

 (817) 648-2728 (cell) **Due Date: Aug 16,2019**

Texasregion10@gmail.com

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY/ZIP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVERYONE MUST SELL….**

**(1) $100 REGION AD BY September 15, 2018**

**RAFFLE/ADS TO BE SOLD…**

**(1) $50 BLOOMER TICKET**

**(15) DODGE TRUCK RAFFLE TICKETS**

**(1) $50 STATE AD**

 **(tbd) CABELA’S RAFFLE TICKETS (number of required tickets to be sold will be handed out at first rodeo)**

**THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 6, 2018**

**TO RODEO SECRETARY**

**CHECK THE EVENTS YOU WISH TO ENTER**

**EVENTS FOR GIRLS ENTRY FEES**

⬜ Girls Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

**EVENTS FOR BOYS ENTRY FEES**

⬜ Boys Cutting $ 67 \_\_\_\_\_\_\_\_\_\_\_

TOTAL ENTRY FEES DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE CHARGE

(PER CUTTING) $\_\_\_ 25.00

STATE OFFICE CHARGE

(PER CUTTING) $\_\_\_ 2.00

GATE FEE

(PER CUTTING) $\_\_\_\_\_\_\_10.00

LATE FEE ($25.00)

(PER CUTTING) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.**

I, the Parent or Guardian 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. I understand that each contestant must be and covered by medical insurance. I hereby release the Hospital, Physicians on The Medical Staff, and the Rodeo Sponsors from all liability:

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENT OR GUARDIAN)**