# REGION X HIGH SCHOOL CUTTING #\_\_\_\_

Mail to: Stephanie Shoemaker 6500 CR 1202			Place: Date:		
(817) 648-2728 (cell)				Due Date: 2 we	eeks before rodeo date
	Texasregion10	@gmail.com			
NAM	Æ.				
			CITY/ZIP·		
ADDRESS:PHONE#:					
					EVERYONE MUST SELL
<b>CHE</b>	CK THE EVENT	S YOU WISH TO E	NTER _		
					(1) \$100 REGION AD BY
	<b>EVENTS FOR</b>	GIRLS	ENTRY FEES		October 3rd, 2021
	Girls Cutting		\$ 67		
		DOTIG			RAFFLE/ADS TO BE SOLD
	EVENTS FOR	BOYS	ENTRY FEES		(1) \$50 BLOOMER TICKET
Ш	Boys Cutting		\$ 67		(15) DODGE TRUCK RAFFLE
					TICKETS
		TOTAL ENTRY FEI	ZC DIJE - ¢		(1) \$50 STATE AD (tbd) CABELA'S RAFFLE TICKETS
		OFFICE CHARGE	ES DUE \$		(number of required tickets to be sold wil
		(PER CUTTING)	\$	25.00	be handed out at first rodeo)
		STATE OFFICE CH	' <del></del>	23.00	
		(PER CUTTING)	AKOL \$	2.00	THE ABOVE ITEMS MUST BE
		GATE FEE	Ψ	2.00	TURNED BY Nov 6, 2021
		(PER CUTTING)	\$	10.00	TO RODEO SECRETARY
		LATE FEE (\$25.00)	Ψ	10.00	
		(PER CUTTING)	\$		
		` ,			
		TOTAL FEES	\$		
	**Medical draw outs will be honored ONLY if I am Notified BEFORE				no Cutting storts
		vicultai di aw outs wiii bi	chonored ONET if I am	Notifica DEFORE ti	ic Cutting starts.
I, the	Parent or Guardian of _	gency treatment for injurie	(contestant) g	give permission to the	the Physicians on the Medical Staff or the Hospital the officially approved High School Rodeos. I
under	stand that each contesta	nt must be and covered by	medical insurance. I he	ereby release the Ho	spital, Physicians on The Medical Staff, and the
	Sponsors from all liab			-	- · · · · · · · · · · · · · · · · · · ·
SIGN	ATURE.				

(PARENT OR GUARDIAN)

## **REGION X HIGH SCHOOL CUTTING #2**

Mail to: Stephanie Shoemaker
Place: 301 W Loop 121, Belton, TX 76513
6500 CR 1202
Date: Aug 30<sup>th</sup> ,2020 9:00 AM
Cleburne, TX 76031
Time: Bell County Expo Center

Due Date: August 22,2020

Texasregion10@gmail.com

NAM	E:					
ADDRESS:		CITY/ZIP:	_CITY/ZIP:			
	NE#:CK THE EVENTS YOU WISH TO EVENTS FOR GIRLS Girls Cutting	OEVERYONE MUST SELL (1) \$100 REGION AD BY October 3, 2020				
	EVENTS FOR BOYS Boys Cutting TOTAL ENTRY	ENTRY FEES \$ 67  Y FEES DUE \$	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)			
	OFFICE CHAR (PER CUTTING	GE G) \$25.00_				
	STATE OFFICI (PER CUTTING GATE FEE		THE ABOVE ITEMS MUST BE TURNED BY OCTOBER 31, 2020			
	(PER CUTTING LATE FEE (\$25 (PER CUTTING	5.00)	TO RODEO SECRETARY			
	,	g				
		**Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts.				
to admi	arent or Guardian of	(contestant) give permission to t injuries He/she may incur while participating in	he Physicians on the Medical Staff or the Hospital			
SIGNA	ATURE:(PARENT OR GU	JARDIAN)				

### **REGION X HIGH SCHOOL CUTTING #3**

Place: Bell County Expo

Date: September 12, 2020

Mail to: Stephanie Shoemaker

6500 CR 1202

SIGNATURE:\_\_\_\_

(PARENT OR GUARDIAN)

Cleburne, TX 76031 Time: (817) 648-2728 (cell) Due Date: September 5,2020 Texasregion10@gmail.com NAME: ADDRESS: CITY/ZIP: PHONE#: **EVERYONE MUST SELL....** CHECK THE EVENTS YOU WISH TO ENTER (1) \$100 REGION AD BY **EVENTS FOR GIRLS ENTRY FEES** October 3, 2020 Girls Cutting \$ 67 RAFFLE/ADS TO BE SOLD... **EVENTS FOR BOYS ENTRY FEES** (1) \$50 BLOOMER TICKET **Boys Cutting** \$ 67 (15) DODGE TRUCK RAFFLE TICKETS (1) \$50 STATE AD (tbd) CABELA'S RAFFLE TICKETS TOTAL ENTRY FEES DUE \$ (number of required tickets to be sold will OFFICE CHARGE be handed out at first rodeo) (PER CUTTING) \$ 25.00 STATE OFFICE CHARGE THE ABOVE ITEMS MUST BE (PER CUTTING) \$\_\_\_\_\_2.00\_ **TURNED BY OCTOBER31, 2020 GATE FEE** TO RODEO SECRETARY \$ 10.00 (PER CUTTING) 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:

### **REGION X HIGH SCHOOL CUTTING #4**

Place: Bell County Expo

Date: September 13, 2020

Mail to: Stephanie Shoemaker

Rodeo Sponsors from all liability:

(PARENT OR GUARDIAN)

SIGNATURE:\_\_\_

6500 CR 1202

Cleburne, TX 76031 Time: (817) 648-2728 (cell) Due Date: September 5,2020 Texasregion10@gmail.com NAME: ADDRESS:\_\_\_\_\_CITY/ZIP:\_\_\_\_ PHONE#:\_\_\_\_\_ **EVERYONE MUST SELL....** CHECK THE EVENTS YOU WISH TO ENTER (1) \$100 REGION AD BY **EVENTS FOR GIRLS ENTRY FEES** October 3, 2020 Girls Cutting \$ 67 RAFFLE/ADS TO BE SOLD... **EVENTS FOR BOYS ENTRY FEES** (1) \$50 BLOOMER TICKET **Boys Cutting** \$ 67 (15) DODGE TRUCK RAFFLE TICKETS (1) \$50 STATE AD (tbd) CABELA'S RAFFLE TICKETS TOTAL ENTRY FEES DUE \$ (number of required tickets to be sold will OFFICE CHARGE be handed out at first rodeo) (PER CUTTING) \$ \_ 25.00 STATE OFFICE CHARGE THE ABOVE ITEMS MUST BE \$ 2.00 (PER CUTTING) **TURNED BY OCTOBER 31, 2020 GATE FEE** TO RODEO SECRETARY \$ 10.00 (PER CUTTING) LATE FEE (\$25.00) (PER CUTTING) TOTAL FEES \*\*Medical draw outs will be honored ONLY if I am Notified BEFORE the Cutting starts. \_\_\_(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