

**TEXAS HIGH RODEO ASSOCIATION**

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

Mail to: Stephanie Shoemaker  
6500 CR 1202  
Cleburne, TX 76031  
(817) 648-2728 (cell)  
[Texasregion10@gmail.com](mailto:Texasregion10@gmail.com)

Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
**Due Date: 2 weeks before rodeo date**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_  
**PHONE#:** \_\_\_\_\_

**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**                                      \$ \_\_\_\_\_

**EVERYONE MUST SELL....**  
  
**(1) \$100 REGION AD BY  
October 3rd, 2021**  
  
**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 Nov 6, 2021  
TO RODEO SECRETARY**

**\*\*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 #2**

Mail to: Stephanie Shoemaker  
6500 CR 1202  
Cleburne, TX 76031  
(817) 648-2728 (cell)  
[Texasregion10@gmail.com](mailto:Texasregion10@gmail.com)

Place: 301 W Loop 121, Belton, TX 76513  
Date: Aug 30<sup>th</sup>, 2020 9:00 AM  
Time: Bell County Expo Center  
**Due Date: August 22, 2020**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

**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**                              \$ \_\_\_\_\_

**OEVERYONE MUST SELL....**  
  
**(1) \$100 REGION AD BY  
October 3, 2020**  
  
**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 31, 2020  
TO RODEO SECRETARY**

**\*\*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 #4**

Mail to: Stephanie Shoemaker  
6500 CR 1202  
Cleburne, TX 76031  
(817) 648-2728 (cell)  
[Texasregion10@gmail.com](mailto:Texasregion10@gmail.com)

Place: Bell County Expo  
Date: September 13, 2020  
Time:  
**Due Date: September 5,2020**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

**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** \$ \_\_\_\_\_

**EVERYONE MUST SELL....**

**(1) \$100 REGION AD BY  
October 3, 2020**

**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 31, 2020  
TO RODEO SECRETARY**

**\*\*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)**