

# TEXAS HIGH RODEO ASSOCIATION

## REGION X HIGH SCHOOL CUTTING

Mail to: Stephanie Shoemaker  
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Place: \_\_\_\_\_ See Website for location \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Due Date: 7 days before Event(See Dates on Website)

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

One Form Per Cutting

**\*\*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)

### **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**