

TEXAS HIGH RODEO ASSOCIATION

REGION X HIGH SCHOOL RCH #1

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

Place: Will Rogers Colliseum
Date: Aug 15 th
Time 8 AM
Due Date: Aug 1st, 2020

NAME: _____
ADDRESS: _____ CITY/ZIP: _____
PHONE#: _____

CHECK THE EVENTS YOU WISH TO ENTER

	EVENTS FOR GIRLS	ENTRY FEES
<input type="checkbox"/>	Girls Cutting	\$ 67 _____
	EVENTS FOR BOYS	ENTRY FEES
<input type="checkbox"/>	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
Oct 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 6, 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 RCH #2

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

Place: Will Rogers Coliseum
Date: Aug 16th
Time: 8 am
Due Date: Aug 1,2020

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 Oct 3 15 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 6, 2020 TO RODEO SECRETARY

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SIGNATURE: (PARENT OR GUARDIAN)

TEXAS HIGH RODEO ASSOCIATION

REGION X HIGH SCHOOL RCH #3

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

Place: Will Rogers Colliseum
Date: Aug 16th
Time: 8 AM
Due Date: Aug 1st,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
Oct 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)

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TO RODEO SECRETARY

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SIGNATURE: _____
(PARENT OR GUARDIAN)