

**THSRA-REGION X
Rodeo Entry Blank**

Mail to: **Stephanie Shoemaker**
6500 CR 1202
Cleburne, TX 76031
817-648-2728
texasregion10@gmail.com

Rodeo Location: Circle T Arena
Hamilton, TX
Rodeo Starts: Immediately after Jr High
Stalls & RV : 254-784-9854

All Raffle Tickets and Ads Due October 31st

Circle Rodeo Date : Sept 19-20 Oct 3-4 Oct 31-Nov 1 Jan 16-17 Feb 13-14 March 20-21

Name _____
 Address _____ City _____ Zip _____
 Phone# _____ Cell# _____ School Classification _____

****PUT A CHECK MARK BY THE EVENT/DAY YOU WANT TO ENTER—MARK IT CLEARLY!!**

<u>GIRLS EVENTS</u>	<u>SAT RODEO</u>	<u>SUN RODEO</u>
Barrel Racing	\$67.00 _____	\$67.00 _____
Breakaway Roping	\$67.00 _____	\$67.00 _____
Goat Tying	\$67.00 _____	\$67.00 _____
Pole Bending	\$67.00 _____	\$67.00 _____
<u>BOYS EVENTS</u>	<u>SAT RODEO</u>	<u>SUN RODEO</u>
Bareback Riding	\$100.00 _____	\$100.00 _____ (Sat)
Bull Riding	\$100.00 _____	\$100.00 _____ (Sat)
Saddle Bronc	\$100.00 _____	\$100.00 _____ (Sat)
Calf Roping	\$67.00 _____	\$67.00 _____
Steer Wrestling	\$67.00 _____	\$67.00 _____
**Dally Team Roping	\$67.00 _____ p/man	\$67.00 _____ p/man

Entry Deadlines

Rodeo 1&2 -Sept 5th
 Rodeo 3&4 – Sept 19th
 Rodeo 5&6 – Oct 17th
 Rodeo 7&8 – Jan 2nd
 Rodeo 9&10 – Jan 30th
 Rodeo 11& 12 – March 6th

**These are IN MY HAND
 DATES Not postmark!!!**

Header: _____ Heeler: _____ **(YOU MUST FILL THIS OUT)

ENTRY FEES DUE	\$ _____	\$ _____	CASH _____	CHECK # _____
STATE® OFFICE CHRG	\$ 27.00	\$ 27.00		
GATE CHARGE	\$ 10.00	\$ 10.00		
LATE FEE (\$25) PER DAY	\$ _____	\$ _____		
Any Late Entries must be approved by Secretary and paid by CC				
TOTAL FEES DUE @ DAY	\$ _____	\$ _____	SAT. & SUN. TOTAL \$	_____

Card# _____ Exp Date _____ CVV# _____ Zip _____

If you want to pay by CC it will be ran the day of the rodeo. Checks are deposited Monday after the rodeo.
 Anything not in my hand by due date must be paid by a card
 CC Usage Fees are charged to you

We, the Parents or Guardians of _____ give the Physicians on the Medical Staff permission to administer the necessary emergency treatment for injuries he/she may incur while participating in the officially approved rodeos. We understand that each contestant must be and is covered by medical insurance. We hereby release the Hospital, Physicians and Rodeo Sponsors from all liability **except for negligence.**

SIGNED: _____ **PARENT/GUARDIAN**