

**MJHSRA II HS RODEO
APRIL 26&27, 2019
KILN, MS**

**PLEASE TYPE OR PRINT FILL IN COMPLETELY & SIGN!
DO NOT STAPLE PAYMENT TO THIS FORM!**

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____ SCHOOL: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ NHSRA CARD NUMBER: _____

PARENTS MUST SIGN BY EACH EVENT ENTERED OR ENTRY FORM WILL BE RETURNED!!!!

<u>(X) BOYS EVENTS</u>	<u>(FEES) (Parents Signature)</u>	<u>(X) GIRLS EVENTS</u>	<u>(FEES) Parents Signature)</u>
_____ BB Bareback Riding	\$30.00 _____	_____ BA Barrel Racing	\$30.00 _____
_____ SB Saddle Bronc	\$30.00 _____	_____ PB Pole Bending	\$30.00 _____
_____ BR Bull Riding	\$30.00 _____	_____ GT Goat Tying	\$30.00 _____
_____ CR Calf Roping	\$30.00 _____	_____ BK Breakaway Roping	\$30.00 _____
_____ SW Steer Wrestling	\$30.00 _____	_____ TR Team Roping	\$30.00 _____
_____ TR Team Roping	\$30.00 _____		

I am a HEADER _____ HEELER _____ mark one.

I am a HEADER _____ HEELER _____ mark one.

PARTNER'S NAME _____

PARTNER'S NAME _____

X _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo) **X _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)**

X _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered) **X _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)**

"We the parents or guardians of _____ (name of contestant) give the : _____ (name of local hospital) Hospital and the Physicians on the Medical Staff of the Hospital permission to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in the _____ High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the _____ (name of local hospital) the (local) hospital, Physicians on the medical staff, and the Rodeo Sponsors from all Liability.

SIGNED: _____ (FATHER) _____ (CONTESTANT)

and _____ (MOTHER)

____ Yes, I need all my events on one night Friday Saturday (Cutting is excluded)

____ Yes, I need to be up the same night as _____, traveling partner

____ Please split my events as follows: _____

Mail to: MHSRA P.O. BOX 454 WATSON, LA 70786
MUST HAVE ALL SIGNATURES & FEES
MUST BE POST MARKED BY APRIL 9, 2019