

**Poplarville II HS RODEO  
January 12&13, 2018  
Poplarville, 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!!!!**

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

**X \_\_\_\_\_ FINALS AWARD FEE \$5.00**

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

**X \_\_\_\_\_ MAIL-IN'S ENTRY FEE \$5.00**

"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 DEC.. 26, 2018\*\*\*