

**Poplarville HS Rodeo  
November 3 & 4, 2017  
Poplarville, Ms**

**PLEASE TYPE OR PRINT - FILL IN COMPLETELY & SIGN!**

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)</u> BOYS EVENTS	<u>(FEES)</u>	<u>(Parents Signature)</u>	<u>(X)</u> GIRLS EVENTS	<u>(FEES)</u>
<u>(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 _____				

**FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)**     **FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)**  
 **MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)**     **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)

Please Circle Request : 1 2 3 4

5 6  
 \_\_\_\_\_ 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

**ENTRY FORM WILL BE CONSIDERED INCOMPLETE WITHOUT ALL FEES Make check or money order payable to MHSRA (MS High School Rodeo Assoc.)\*\*ALL ENTRIES MUST BE POSTMARKED BY October 17, 2017**

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