

**CHSRA DISTRICT 6
Kern County Fair Grounds**

RODEO DATE: January 16,18-2015
 PLACE: Kern County Fair Grounds, Bakersfield Ca
 CHECK-IN: 6:30 to 7:15 a.m.
 GROUND RULE: 7:30 A.M. Rodeo Begins at 8 A.M.
 CUTTING: **January 16th @ Sundance Feed Yard**
Check In at 9:00 a.m.
Start at 10:00 a.m.
Reining to start after cutting.

ENTRY DEADLINE
MUST BE POSTMARKED BY: January 2nd, 2015
*Late Entries, entries postmarked after the deadline,
 Certified and/or "Metered Mail" will be returned to sender
 unopened! Certificate of Mailing is advised!
 Please do not send cash!!*

Mail completed entry along with a check payable to: CHSRA District 6

Monique Smith: P.O. Box 78108 Bakersfield 93383

PLEASE DO NOT SEND ENTRY VIA CERTIFIED MAIL!!

BOYS' EVENTS		check	fee	GIRLS' EVENTS		check	fee
Tie Down Roping			\$52.00	Barrel Racing			\$40.00
Saddle Bronc			\$80.00	Pole Bending			\$40.00
Bareback Bronc			\$80.00	Goat Tying			\$45.00
Bull Riding			\$80.00	Breakaway			\$52.00
Steer Wrestling			\$52.00	Girls Cutting			\$70.00
Reining Cow Horse			\$70.00	Reining Cow Horse			\$70.00
Boys Cutting			\$70.00	Team Roping: Header ___ / Heeler ___			\$47.00
Team Roping: Header ___ / Heeler ___			\$47.00	*Name of Partner:			
*Name of Partner:				*Need Ghost Roper Partner? Max of 3X/year			\$10.00
TOTAL:				*You pay ghost partner's \$10 jackpot fee			TOTAL:
TOTALS -- MAKE CHECK PAYABLE TO: CHSRA District 6							
Total Entry Fees (from above)	\$			*Do You Want to Volunteer to be a Draw Partner? YES or NO			
Mandatory Ambulance Fee	\$	20.00		Header ___ / Heeler ___			
Mandatory Office Fee	\$	15.00					
Mandatory Grounds/Cleaning Fee	\$	15.00		ROOKIE? Yes ___ No ___			
TOTAL ENCLOSED:	\$						
ENTRY FEE MUST ACCOMPANY ENTRY FORM! Entry forms received incomplete must be corrected before draw and any unpaid fees paid before draw in order for entry to be eligible!							

NAME _____ CHSRA # _____ DIST # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE () _____ SCHOOL _____

RELEASE AND CONSENT TO TREATMENT

We, the parents of _____ (contestant name), give Kern Medical Center and the physicians and medical staff of said hospital permission to administer any necessary **EMERGENCY** treatment for injuries he/she may incur while participating in the CHSRA District 6 Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release the hospital and ambulance attendants, as well as the officers, Directors and volunteers of CHSRA District 6, the rodeo grounds and stock contractors from all liability, except for negligence.

Contestant _____ Parent/Guardian _____

SCHOOL VALIDATION

The undersigned certifies that this students meets NHSRA & CHSRA grade and conduct qualifications of passing grades in a minimum of four classes or if carrying fewer than 4 classes, passing grades in all AND a minimum 2.0 grade point average as of the last grading period (5 weeks or more). Grading period is defined as Quarter, Semester or interim progress report that is mailed home with all current grades and given to all students (no "walk around" grades accepted). Student is in good standing and has not been ruled undesirable for misconduct at school.

Signature & Title (Principal or Counselor) _____ Date _____ Phone _____
 PLEASE PLACE SCHOOL SEAL OR STAMP OVER SIGNATURE: ENTRY NOT ACCEPTED WITHOUT ONE!!!

NOTES: * \$10 of the entry fee for each event goes toward Jackpots for that event. Jackpot is paid on the Average
 * Entry forms received incomplete will be assigned trash duty and **must be corrected before the Draw.**
 * Draw for positions will be conducted by the Rodeo Secretary on 1/12/2015 at 7 p.m.
 * A current report card must be on file with your membership secretary.