



CHSRA DISTRICT 1 Jr. High Division RODEO's #3 & #4



Saturday, October 17th and
Sunday, October 18th, 2015

ENTRIES CLOSE AND MUST BE POSTMARKED

BY: October 3rd, 2015

NO LATE ENTRIES ACCEPTED

**"Metered Mail" will NOT be accepted-
Certificate of Mailing" MANDATORY!**

MAIL ENTRIES TO:

Jamie Watkins; 12500 Powerhouse Rd.
Potter Valley, CA 95469

D1.Watkins@yahoo.com or (707)272-0258

A current report card must be on file with Michele Johnson 530-594-4404

PLACE: Bobby Jones Arena
Cottonwood, CA

DATE: Sat. Oct. 17th & Sun. Oct. 18th, 2015

CHECK IN: 8:00 AM

RODEO: **MANDATORY GENERAL MEETING:**

SATURDAY 8:30 am WEAR PINK DAY!!!!!!

Saturday Performance after Meeting

SUNDAY at 9:00 am **GROUP PICTURES**

Sunday Performance after **GROUP PICTURES**

EMAIL ADDRESS: _____

NAME: _____ AGE: _____ GRADE: _____ CARD# _____ DIST# _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ SCHOOL: _____

BOYS EVENTS	Rodeo #3 (Circle)	Rodeo #4 (Circle)	GIRLS EVENTS	Rodeo #3 (Circle)	Rodeo #4 (Circle)
Bull Riding	\$40	\$40	Barrel Racing	\$25	\$25
Tie Down Roping	\$25	\$25	Pole Bending	\$25	\$25
Goat Tying (pigging string)	\$25	\$25	Goat Tying (pigging string)	\$25	\$25
Breakaway Roping	\$25	\$25	Breakaway Roping	\$25	\$25
Team Roping Head or Heel Partner:	\$25	\$25	Team Roping Head or Heel Partner:	\$25	\$25
Ghost Roper: Head or Heel	Pay @ rodeo if drawn		Ghost Roper: Head or Heel	Pay @ rodeo if drawn	
Ribbon Roping Boy/Girl Team Partner:	\$25	\$25	Ribbon Roping Boy/Girl Team Partner:	\$25	\$25
Ribbon Roping: Ghost: Roper or Run	Pay @ rodeo if drawn		Ribbon Roping: Ghost: Roper or Run	Pay @ rodeo if drawn	
Chute Dogging	\$25	\$25			
Bareback Steer Riding	\$25	\$25			
Saddle Bronc Steer Riding	\$25	\$25			
TOTAL ENTRY FEE:				\$	
Make checks/money orders payable to: CHSRA				OFFICE CHARGE:	\$ 20.00
TOTAL DUE FOR ENTRY & OFFICE FEE				\$	

ALL ENTRY FORMS MUST INCLUDE FULL PAYMENT otherwise entry is not Valid and will be returned.

PAYBACK \$10 FROM EACH ENTRY FEE (JACKPOT PAID ON AVERAGE)

RELEASE AND CONSENT TO TREATMENT

We, the parents of _____ (Contestant) give **Shasta Regional Medical Center, Mercy Medical Center or Saint Elizabeth's Community Hospital** 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 1 Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release Shasta Regional Medical Center and ambulance attendants, as well as the officers, Directors and volunteers of CHSRA District 1, 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!!!