

ENTRIES MUST BE POSTMARKED BY:

MARCH 22ND, 2019

or **HANDELIVER AT MARCH RODEO**

LATE ENTRIES, ENTRIES POST MARKED AFTER ABOVE DATE AND "METERED MAIL" **WILL NOT** BE ACCEPTED!!!

"CERTIFICATE OF MAILING" MANDATORY

ALL ENTRIES **MUST** INCLUDE **FULL PAYMENT** OTHERWISE ENTRY IS **NOT** VALID. INCOMPLETE ENTRIES OR PAYMENTS **MUST** BE CORRECTED PRIOR TO DRAW

RODEO CHECK IN: SATURDAY & SUNDAY - 7:00 AM

MANDATORY MEETING: SATURDAY – 8:00 AM

PERFORMANCE: SATURDAY – AFTER MEETING

SUNDAY – AFTER GRAND ENTRY

GRAND ENTRY: SUNDAY – 8:00 AM

MAIL COMPLETED ENTRIES TO:

JAMIE WATKINS

2401 McCLURE RD

UKIAH, CA 95482

707-272-0258

d1_watkins@yahoo.com

CJHSRA DISTRICT 1

APRIL 6TH & 7TH, 2019

RODEO #9 & #10

TEHAMA COUNTY FAIRGROUNDS – RED BLUFF, CA



NAME: _____

AGE: ___ GRADE: ___ CARD # _____ DIST # _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

SCHOOL: _____

BOYS EVENTS	#9	#10	GIRLS EVENTS	#9	#10
SADDLE BRONC STEER RIDING	\$40	\$40	GOAT TYING	\$25	\$25
BAREBACK STEER RIDING	\$40	\$40	POLE BENDING	\$25	\$25
BULL RIDING	\$40	\$40	BARREL RACING	\$25	\$25
CHUTE DOGGING	\$25	\$25	BREAKAWAY ROPING	\$25	\$25
TEAM ROPING: HEADER / HEELER PARTNER:	\$25	\$25	TEAM ROPING: HEADER / HEELER PARTNER:	\$25	\$25
RIBBON ROPING: ROPER / RUNNER PARTNER:	\$25	\$25	RIBBON ROPING: ROPER / RUNNER PARTNER:	\$25	\$25
TIE DOWN ROPING	\$25	\$25			
GOAT TYING	\$25	\$25			
BREAKAWAY ROPING	\$25	\$25			

VOLUNTEER TO BE A **TEAM ROPING** DRAW PARTNER? (CIRCLE) YES NO -- HEADER OR HEELER

VOLUNTEER TO BE A **RIBBON ROPING** DRAW PARTNER? (CIRCLE) YES NO -- ROPER OR RUNNER

Make check/money order payable to CHSRA

TOTAL ENTRY FEE:

OFFICE FEE:

\$20.00

PAYBACK \$10 FROM EACH ENTRY FEE - JACKPOT PAID BY GO

TOTAL PAYMENT:

RELEASE AND CONSENT TO TREATMENT

We, the parents of _____, give Shasta Regional Medical Center, Mercy Medical Center or St. Elizabeth's Community Hospital and the physician 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 said hospital 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 student meet NHSRA & CHSRA grade and conduct qualifications of passing grades in a minimum of four classes or if carrying few that 4 classes, passing grade in all AND a minimum 2.0 GPA 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.

Principal/Counselor _____

Date: _____ Phone: _____

**PLEASE PLACE SCHOOL SEAL/STAMP OVER SIGNATURE:
ENTRY NOT ACCEPTED WITHOUT ONE!**

Current report card **MUST** be on file with Jodie Conard (530)354-4732