

# CHSRA DISTRICT 1

## HIGH SCHOOL ENTRY

### RED BLUFF SHOOTOUT JANUARY 10<sup>TH</sup> – 13<sup>TH</sup>, 2019



**ENTRIES MUST BE POSTMARKED BY: ,  
SATURDAY, DECEMBER 22ND**  
PLEASE SEND IN ENTRIES ASAP –  
CHECKS WILL NOT BE CASHED BEFORE JAN. 14TH

LATE ENTRIES, ENTRIES POST MARKED AFTER ABOVE DATE AND  
“METERED MAIL” **WILL NOT** BE ACCEPTED!!!  
“**CERTIFICATE OF MAILING**” **HIGHLY RECOMMENDED**  
ALL ENTRIES **MUST** INCLUDE **FULL PAYMENT** OTHERWISE ENTRY IS  
**NOT** VALID. INCOMPLETE ENTRIES OR INCOMPLETE PAYMENTS  
**MUST** BE CORRECTED PRIOR TO DRAW

**\* SEE SCHEDULE OF EVENTS\***

**RODEO CHECK IN:** THURSDAY – 4:00 PM – 8:00 PM  
FRIDAY – 8 AM – 2:30 PM  
SATURDAY – 7:00 AM  
**PERFORMANCES:** FRIDAY – 3:00 PM  
SATURDAY/SUNDAY – 8:00 AM  
**CUTTING :** CHECK IN – THURS 4:00 PM – 5:30 PM  
**REINING :** CHECK IN - FRIDAY 7:30 AM – 8:30 AM

**MAIL COMPLETED ENTRIES TO:**

Jani Brewer  
P.O. Box 302  
Los Molinos, CA 96055  
[dist1secretary@gmail.com](mailto:dist1secretary@gmail.com)  
530-200-1083

NAME: \_\_\_\_\_

AGE: \_\_\_\_ GRADE: \_\_\_\_ CARD # \_\_\_\_\_ DIST # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**GRAND ENTRY – SATURDAY – 7:30 AM**

**REPRESENT YOUR DISTRICT COLORS!!!**

BOYS EVENTS	FEE	GIRLS EVENTS	FEE
SADDLE BRONC	\$85	GOAT TYING	\$55
BAREBACK	\$85	POLE BENDING	\$50
BULL RIDING	\$85	BARREL RACING	\$50
STEER WRESTLING	\$60	BREAKAWAY ROPING	\$60
TEAM ROPING: HEADER / HEELER PARTNER:	\$60	TEAM ROPING: HEADER / HEELER PARTNER:	\$60
TIE DOWN ROPING	\$60		
CUTTING	\$60	CUTTING	\$60
REINED COW HORSE	\$60	REINED COW HORSE	\$60

DO YOU WANT TO VOLUNTEER TO BE A GHOST PARTNER? (CIRCLE) YES NO -- HEADER OR HEELER

<b>Make check/money order payable to CHSRA</b>	<b>TOTAL ENTRY FEE:</b>	
	<b>OFFICE FEE:</b>	<b>\$20.00</b>
	<b>TOTAL PAYMENT:</b>	

**RELEASE AND CONSENT TO TREATMENT**  
We, the parents of \_\_\_\_\_, give Shasta Regional Medical Center, Mercy Medical Center, St. Elizabeth’s Community Hospital, Dignity Ambulance or Mountain Medic Ambulance and the physician and medical staff of said hospital/ambulance 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 your Membership Secretary