

CHSRA DISTRICT 1

JR HIGH ENTRY FORM

RED BLUFF SHOOTOUT JANUARY 10TH – 13TH, 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

MAIL COMPLETED ENTRIES TO:

Jamie Watkins

2401 McClure RD

Ukiah, CA 95482

d1_watkins@yahoo.com

707-272-0258

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 STEER RIDING	\$80	GOAT TYING	\$50
BAREBACK STEER RIDING	\$80	POLE BENDING	\$50
BULL RIDING	\$80	BARREL RACING	\$50
CHUTE DOGGING	\$50	BREAKAWAY ROPING	\$50
TEAM ROPING: HEADER / HEELER PARTNER:	\$50	TEAM ROPING: HEADER / HEELER PARTNER:	\$50
RIBBON ROPING: ROPER/ RUNNER PARTNER:	\$50	RIBBON ROPING: ROPER/ RUNNER PARTNER	\$50
TIE DOWN ROPING	\$50		
GOAT TYING	\$50		
BREAKAWAY ROPING	\$50		

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

Ribbon Roping DO YOU WANT TO VOLUNTEER TO BE A GHOST PARTNER? (CIRCLE) YES NO -- ROPER OR RUNNER

Make check/money order payable to CHSRA

TOTAL ENTRY FEE:

OFFICE FEE:

\$20.00

TOTAL PAYMENT:

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: _____

MUST PLACE SCHOOL SEAL/STAMP OVER SIGNATURE

Current report card **MUST** be on file with your Membership Secretary