



**September 1, 2 & 3, 2010
State Fair Rodeo
Region 4
MN State Fairgrounds**



Contestant Name _____ Back # _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Contestant Cell # _____ Parent Cell # _____

Current Grade (10-11) _____ School Attending _____

BOTH PARENTS MUST SIGN ON THE LINE BEHIND EACH EVENT YOU ENTER BELOW

High School Events:

- ___ \$20-Barrel Racing _____
- ___ \$20-Pole Bending _____
- ___ \$20-Goat Tying _____
- ___ \$20- Breakaway _____
- ___ \$20-Team Roping _____
- circle: I am Header/Heeler & partner is: _____
- ___ \$20-Girl's Cutting _____

- ___ \$20-Boy's Cutting _____
- ___ \$20-Steer Wrestling _____
- ___ \$20-Tie Down Roping _____
- ___ \$20-Bareback Riding _____
- ___ \$20-Saddlebronc _____
- ___ \$20-Bull Riding _____

JR High Divison Events:

- ___ \$20-Barrel Racing _____
- ___ \$20-Pole Bending _____
- ___ \$20-Girl's Goat Tying _____
- ___ \$20-Girl's Breakaway _____
- ___ \$20-Team Roping _____
- circle: I am Header/Heeler & partner is _____
- ___ \$20-Ribbon Roping _____
- circle: I am Roper/Runner & partner is _____
(must be one boy & one girl)
- ___ \$20-Chute Dogging _____
- ___ \$20-Boy's Breakaway _____
- ___ **OR** \$20-Tie Down Roping _____
- ___ \$20-Boy's Goat Tying _____
- ___ \$20-Jr Bull Riding _____

ENTRY FEES \$ _____
 GROUNDS FEE (per family) \$20 _____
 Grounds fee paid with sibling _____
 SECRETARY FEES (per contestant) \$6 _____
 LATE FEE \$50 _____
(CHECKS TO MNHSRA)TOTAL DUE \$ _____

*******STALLS*****
 ATTACH STALL FORM WITH
 ENTRY & A SEPARATE CHECK
 FOR PAYMENT!**

ENTRY FEES \$ _____
 GROUNDS FEE (per family \$20 _____
 Grounds fee paid with sibling _____
 SECRETARY FEES (per contestant) \$6 _____
 LATE FEE \$50 _____
(CHECKS TO MNHSRA)TOTAL DUE \$ _____

COMPLETE ALL THE BLANKS BELOW-BOTH PARENTS MUST SIGN ALONG WITH SCHOOL REPRESENTATIVE

 We, the parents of _____, give the (local hospital) _____ and physicians on the medical staff of the
 previously named hospital, permission to administer NECESSARY EMERGENCY treatment for the injuries he or she may incur while participating in the
 _____ High School Rodeo. We hereby release the (local hospital) _____ and physicians on
 the medical staff and the rodeo sponsors from all liability except for negligence.

Signed by both parents/guardians _____ **AND** _____
 (IF SOLE CUSTODY; WRITE SOLE CUSTODY)

SCHOOL SIGNATURE REQUIRED: I certify that this student meets National High School Rodeo Association's GRADE AND CONDUCT qualifications.
 Student must be in good standings, not ruled undesirable for misconduct at school. Student must have passing grades in four subjects or if carrying less than four
 subjects, must have passing grades in all subjects.

School Representative/Principal signature: _____ Date _____

**ENTRY DEADLINE DATE: ENTRIES MUST BE
 POSTMARKED BY AUGUST 18, 2010 OR
 YOU MUST INCLUDE A LATE FEE OF \$50**

MAIL TO:
Shantel Thorson
17502 220th Ave.
Fergus Falls, MN 56537
(218)205-6827-cell (218)739-4292-home

