

**Poplarville I High School Rodeo
November 4 & 5, 2011
Poplarville, MS**

PLEASE TYPE OR PRINT - FILL IN COMPLETELY & SIGN!

NAME: _____ AGE: _____ GRADE: _____
 ADDRESS: _____ SCHOOL: _____
 CITY, STATE, ZIP: _____
 HOME PHONE: _____ NHSRA CARD NUMBER: _____

PARENTS MUST SIGN BY EACH EVENT ENTERED OR ENTRY FORM WILL BE RETURNED!!!!

(X) BOYS EVENTS	(FEES)	(Parents Signature)	(X) GIRLS EVENTS	(FEES)	(Parents Signature)
_____ BC Boys Cutting	\$40.00	_____	_____ Girls Cutting	\$40.00	_____
_____ BB Bareback Riding	\$30.00	_____	_____ BA Barrel Racing	\$30.00	_____
_____ SB Saddle Bronc	\$30.00	_____	_____ PB Pole Bending	\$30.00	_____
_____ BR Bull Riding	\$30.00	_____	_____ GT Goat Tying	\$30.00	_____
_____ CR Calf Roping	\$30.00	_____	_____ BK Breakaway Roping	\$30.00	_____
_____ SW Steer Wrestling	\$30.00	_____	_____ TR Team Roping	\$30.00	_____
_____ TR Team Roping	\$30.00	_____			
I am a HEADER _____ HEELER _____ mark one.			I am a HEADER _____ HEELER _____ mark one.		
PARTNER'S NAME _____			PARTNER'S NAME _____		
<u>X</u> _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)			<u>X</u> _____ FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)		
<u>X</u> _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)			<u>X</u> _____ MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)		

"We the parents or guardians of _____ (name of contestant) give the : _____
 (name of local hospital) Hospital and the Physicians on the Medical Staff of the Hospital permission to administer NECESSARY
 EMERGENCY treatment for injuries he or she may incur while participating in the _____ High School Rodeo. We
 understand that each contestant must be and is covered by medical insurance. We hereby release the _____ (name of
 local hospital) the (local) hospital, Physicians on the medical staff, and the Rodeo Sponsors from all Liability.

SIGNED: _____ (FATHER) _____ (CONTESTANT)
 and _____ (MOTHER)

Request : 1 2 3 4 5 6

Please Circle

_____ Yes, I need all my events on one night Friday Saturday (Cutting is excluded)
 _____ Yes, I need to be up the same night as _____, traveling partner
 _____ Please split my events as follows: _____

Mail to: MHSRA
 10566 Jacock Road
 St. Francisville, LA 70775

**ENTRY FORM WILL BE CONSIDERED INCOMPLETE
 WITHOUT ALL FEES AND SIGNATURES!!!**

Make check or money order payable to MHSRA (MS High School Rodeo Assoc.)

*****ALL ENTRIES MUST BE POSTMARKED NO LATER THAN TUESDAY, OCTOBER 18th**