

**Wiggins High School Rodeo  
February 3 & 4, 2012  
Wiggins, 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!!!!**

<b>(X) BOYS EVENTS (FEES) (Parents Signature)</b>	<b>(X) GIRLS EVENTS (FEES) (Parents Signature)</b>
_____ BC Boys Cutting <b>\$40.00</b> _____	_____ Girls Cutting <b>\$40.00</b> _____
_____ 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 _____
<b><u>X</u> FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)</b>	<b><u>X</u> FINALS AWARD FEE \$5.00 (Mandatory fee per rodeo)</b>
<b><u>X</u> MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)</b>	<b><u>X</u> MAIL-IN'S ENTRY FEE \$5.00 (Per rodeo entered)</b>

"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, JANUARY 17th**