

THSRA Region IV

Rodeo # 1 2 3 4 5 6 7 8 9 10 11 12

(Please Circle Rodeo #)

2024-2025 HIGH SCHOOL Entry Form

Performance Preference (Slack) : Runs on SUN \$100.00 per contestant or \$150 per family

(Please circle the EVENT or EVENTS if utilizing this Option)

** Please turn in an entry form for **EACH RODEO** or you may **circle 2 rodeos** per weekend on 1 form if competing in both rodeos; however, please make sure to include Office Charge for BOTH days.

** Call ins accepted Monday prior to the upcoming rodeo (7:00 pm – 9:00 pm only) -- **\$25.00 late fee will be charged.**

** **Postmark** deadline is the **Monday 2 weeks before the rodeo** OR you can leave your entry in your folder at the rodeo.

NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

PARENTS/Guardians – please initial next to each event entering:

****Make sure the event you are entering is selected on the Contestant Approval Form on file****

- POLE BENDING (Girls) \$ 65.00 _____
- GOAT TYING (Girls) \$ 65.00 _____
- BARREL RACING (Girls) \$ 65.00 _____
- BREAKAWAY ROPING (Girls) \$ 65.00 _____
- BAREBACK RIDING (Boys) \$ 85.00 _____
- **(BOTH GO'S SAT)**
- SADDLE BRONC RIDING (Boys) \$ 85.00 _____
- **(BOTH GO'S SAT)**
- CALF ROPING (Boys) \$ 65.00 _____
- STEER WRESTLING (Boys) \$ 65.00 _____
- BULL RIDING (Boys) \$ 85.00 _____
- **(BOTH GO'S SAT)**
- TEAM ROPING (Boys & Girls) \$ 65.00 _____

**Please Make Checks
Payable to:
THSRA Region IV**

**Mail to: Kathy Johnson
4941 FM 269, Pickton TX
75471**

**Call In Entry #
903-245-2725**

(\$25.00 CALL IN FEE)

**THERE WILL BE A
\$35.00 NSF FEE ON ALL
RETURNED CHECKS!!!**

Header: _____ Heeler: _____

TOTAL OF EVENTS \$ _____

OFFICE FEE (\$20)/AWARDS FEE (\$5): **\$25.00**

GATE FEE: **\$12.50** + **\$39.50 (Total for all Office Fees)**

STATE OFFICE FEE: **\$ 2.00**

LATE/CALL IN FEE: + **\$25.00 (if necessary)**

TOTAL of Events + Total Off. fees (39.50): (for 1 rodeo) \$ _____ x 2(for 2 rodeos) _____

Performance Preference(SLACK) \$100.00 (single) _____ \$150.00 (family) _____

Please list all contestants if using family option _____

TOTAL DUE - RODEOS (above) + PERFORM. PREFERENCE \$ _____

We, the parents or guardian of _____ give the THSRA, Region IV & the physicians on the medical staff of the hospital permission to administer necessary emergency care for injuries he/she may incur while participating in the THSRA Region IV rodeo. We understand that each contestant must be & is covered by medical insurance. We hereby release THSRA Region IV, physicians on the medical staff and the rodeo sponsor from ALL liability.

SIGNED _____
(Parent or Legal Guardian)