

# CALIFORNIA HIGH SCHOOL RODEO ASSOCIATION District 2



March 30, 31 & April 1, 2018 @ Rolling Hills Casino & Equestrian Center, Corning, California  
 Entries Close and Must be postmarked by: **Friday, March 16, 2018**

Contestant Name: \_\_\_\_\_ Card # \_\_\_\_\_  
**ALL CONTESTANTS MUST VIEW THE SAFETY VIDEO PRIOR TO FIRST RODEO PERFORMANCE**

Mandatory Check-In: Friday 1-2 PM or Saturday 6:00-6:30 AM "CERTIFICATE OF MAILING" recommended  
 Mandatory Meeting: Saturday 7:30 AM RODEO STARTS SATURDAY & SUNDAY AT 8:00 AM  
**Cutting and Reined Cow Horse: Friday 3:00 PM**

**You will receive a \$5.00 fee or a Trash Bag for Incomplete or Incorrect Entries!**

**Mail Entries to:**  
 Nikki Roberts  
 4465 Browns Rd  
 Eureka, CA 95503  
 707-444-8670 or 707-478-9053  
 dist2chsra@yahoo.com

X	BOYS EVENTS	Fee
_____	BULL RIDING	\$75.00
_____	BAREBACK	\$75.00
_____	SADDLE BRONC	\$75.00
_____	TIE DOWN ROPING	\$45.00
_____	STEER WRESTLING	\$45.00
_____	BOYS CUTTING	\$45.00

X	GIRLS EVENTS	Fee
_____	POLE BENDING	\$30.00
_____	BARREL RACING	\$30.00
_____	BREAKAWAY	\$45.00
_____	GOAT TYING	\$30.00
_____	GIRLS CUTTING	\$45.00

\_\_\_\_\_ TEAM ROPING \$45.00 PARTNER'S NAME: \_\_\_\_\_

I am a HEADER  I am a HEELER

\_\_\_\_\_ REINED COW HORSE \$45.00

I wish to be drawn a Ghost Roping Partner:  Yes **\$6.00 fee**  No  Header  Heeler  
 Do you want to Volunteer to be a Draw Partner?  Yes  No  Header  Heeler  
**NOTE:** \$6.00 of the entry fee for each event goes toward a Jackpot for that event.

<b>Event Entry Fees</b>	<b>\$</b>
<b>Ambulance and Office Fees</b>	<b>\$ 30.00</b>
<b>TOTAL ENTRY FEES</b>	<b>\$</b>

**Make Checks Payable to: CHSRA District 2**

We the parents or guardians of: \_\_\_\_\_ (Name of Contestant) give the **St Elizabeth Community Hospital** and the Physicians on the Medical staff of the Hospital, permission to administer **Necessary Emergency** treatment for injuries he/she may incur while participating in the **CHSRA District #2 Rodeo**. We understand that each contestant must be and is covered by medical insurance. We hereby release the **St Elizabeth Community Hospital**, its physicians, the Medical staff and the Rodeo Sponsors from all Liability. We the undersigned hereby release the **Rolling Hills Casino & Equestrian Center, City of Corning, West Coast Rodeo Company**; its officers and employees; all members of CHSRA, and any and all persons associated with the above said Rodeo from all liabilities, losses or damages to rider or property.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Signature of Contestant

Contestant Name \_\_\_\_\_ Dist # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 School Attending \_\_\_\_\_ Phone # \_\_\_\_\_ Grade \_\_\_\_\_

I do hereby certify that this student meets NHSRA grade and conduct qualifications. (Must have passing grades in minimum of 4 classes. If carrying less than 4 classes, passing grades in all.) **AND** CHSRA requirements, which are: Student has at least a 2.0 GPA as of the latest "Grading Period", (Covering 5 weeks or more) including a Quarter, Semester, or Progress Report mailed home that are generated with all current grades, and mailed to all students. No "Walk Around" grades accepted. **NOTE:** Student must be in good standing; not ruled undesirable for misconduct at school.

\_\_\_\_\_  
 Signature of Principal or Counselor (Place School Stamp or Seal over Signature) Date \_\_\_\_\_ Phone # \_\_\_\_\_

**Set-ups: Set-up Request Form is on the back page. All set-up requests must accompany rodeo entry. Request form must be completed in its entirety, including signed and stamped by school.**

**NO LATE ENTRIES ACCEPTED!**

**(All entries will be returned unopened if postmarked after due date)**

**Membership cards required at check-in**

Contestants must be a C.H.S.R.A. member in good standing  
Open to all Districts – Points to District #2 members only

**Report Card:**

Name and Upload your most recent report card to your NHSRA Profile. All Report Card questions or concerns need to be directed to your Membership Secretary.

**HS Rodeo Secretary**

Nikki Roberts  
4465 Browns Rd  
Eureka, CA 95503  
707-478-9053 or 707-444-8670  
dist2chsra@yahoo.com

**HS Membership Secretary**

Patsy Pachie  
20738 Santa Rosa Avenue  
Middleton, CA 95461  
707-272-5919  
ppachie@att.net

Please list your NEW sponsors to be included in the program:

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**Please ensure your entry is complete and make a copy for your records. Call me if you have any questions. Let's have a fun and safe Rodeo...see you then!**

**SET-UP FORM**

**(Only fill out if you need a set-up for this rodeo, both places must be signed & stamped)**

Reason for Rodeo Set-up: \_\_\_\_\_ Date of School Function: \_\_\_\_\_

School Contact and Phone Number: \_\_\_\_\_

Signature of: School Athletic Director (for High School Team Sports Function) OR Principal or Counselor (if test or other School Related Function) **MUST place School Seal or Stamp Over Signature**

**Signature:** \_\_\_\_\_  
(Signature of Principal or Relevant School Official)

\*Contact name at school must be completed. \*Set-ups are for high school functions only. Signing Official will be contacted by the rodeo secretary to verify function and date.

**Contestant must be a valid member of a school team, contest or test activity occurring on the date of this rodeo. Dances are not included.**

\*Set-ups are for Saturday (or 1<sup>st</sup> go): meaning both goes run on Sunday or 2<sup>nd</sup> go. \*Sunday set-ups will be accepted only if there are no contestants needing a Saturday set-up. \*Set-ups will be run prior to the start of the 2<sup>nd</sup> go round. Stock and positions will be drawn for set-ups just the same as other contestants.