

ENTRIES MUST BE POSTMARKED BY:

WEDNESDAY, DECEMBER 27TH

PLEASE SEND IN ENTRIES ASAP –

CHECKS WILL NOT BE CASHED UNTIL JAN. 15TH

LATE ENTRIES, ENTRIES POST MARKED AFTER ABOVE DATE AND “METERED MAIL” **WILL NOT** BE ACCEPTED!!!

“CERTIFICATE OF MAILING” MANDATORY

ALL ENTRIES **MUST** INCLUDE **FULL PAYMENT** OTHERWISE ENTRY IS **NOT** VALID. INCOMPLETE ENTRIES OR INCOMPLETE PAYMENTS **MUST** BE CORRECTED PRIOR TO DRAW

*** SEE SCHEDULE OF EVENTS***

RODEO CHECK IN: THURSDAY - 6:00 PM – 8:00 PM

FRIDAY - 6:30 AM – 6:30 PM

SATURDAY - 6:30 – 8:00 AM

MANDATORY MEETING: SATURDAY – 7:45 AM

PERFORMANCES: FRIDAY – 4:00 PM

SATURDAY/SUNDAY – 8:00 AM

CUTTING/RCH : CHECK IN – FRIDAY 7:00 AM

PERFORMANCE – FRIDAY 8:00 AM

MAIL COMPLETED ENTRIES TO:

Jami Gray
22022 Hwy 140E
Dairy, OR 97625
D1jamig@gmail.com 541-891-1362

CHSRA DISTRICT 1

WELCOMES DISTRICTS 2 – 3 – 5

RED BLUFF SHOOTOUT

JANUARY 12TH – 14TH, 2018



NAME: _____

AGE: ___ GRADE: ___ CARD # _____ DIST # _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

SCHOOL: _____

GRAND ENTRY – SATURDAY –

REPRESENT YOUR DISTRICT COLORS!!!

T-SHIRT SIZE: S M L XL

PLEASE CIRCLE ONE

BOYS EVENTS	FEE	GIRLS EVENTS	FEE
SADDLE BRONC	\$85	GOAT TYING	\$52
BAREBACK	\$85	POLE BENDING	\$48
BULL RIDING	\$85	BARREL RACING	\$48
STEER WRESTLING	\$55	BREAKAWAY ROPING	\$55
TEAM ROPING: HEADER / HEELER PARTNER:	\$55	TEAM ROPING: HEADER / HEELER PARTNER:	\$55
TIE DOWN ROPING	\$55		
CUTTING	\$60	CUTTING	\$60
REINED COW HORSE	\$45	REINIED COW HORSE	\$45

DO YOU WANT TO VOLUNTEER TO BE A DRAW PARTNER? (CIRCLE) YES NO -- HEADER OR HEELER

Make check/money order payable to CHSRA

PAYBACK \$10 FROM EACH ENTRY FEE - JACKPOT PAID ON AVERAGE

TOTAL ENTRY FEE:

OFFICE FEE:

\$20.00

TOTAL PAYMENT:

RELEASE AND CONSENT TO TREATMENT

We, the parents of _____, give Shasta Regional Medical Center, Mercy Medical Center, St. Elizabeth’s Community Hospital, Dignity Ambulance or Mountain Medic Ambulance and the physician and medical staff of said hospital/ambulance permission to administer any necessary EMERGENCY treatment for injuries he/she may incur while participating in the CHSRA District 1 Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release said hospital and ambulance attendants, as well as the officers, Directors and volunteers of CHSRA District 1 the rodeo grounds and stock contractors from all liability, except for negligence.

Contestant _____

Parent/Guardian _____

SCHOOL VALIDATION

The undersigned certifies that this student meet NHSRA & CHSRA grade and conduct qualifications of passing grades in a minimum of four classes or if carrying few that 4 classes, passing grade in all AND a minimum 2.0 GPA as of the last grading period (5 weeks or more). Grading period is defined as Quarter, Semester or interim progress report that is mailed home with all current grades and given to all students (no “walk around” grades accepted). Student is in good standing and has not been ruled undesirable for misconduct at school.

Principal/Counselor _____

Date: _____ Phone: _____

PLEASE PLACE SCHOOL SEAL/STAMP OVER SIGNATURE:

ENTRY NOT ACCEPTED WITHOUT ONE!

Current report card **MUST** be on file with your Membership Secretary