

Bottineau HS Rodeo
Rodeo #1
September 4, 2010

Entries postmarked August 21st

Bottineau HS Rodeo Club
Rodeo #2
September 5, 2010

CONTESTANT NAME: _____ HOMETOWN: _____

E-MAIL CONTACT: _____ CONTACT PHONE NO.: _____

CHECK THE EVENTS YOU ARE ENTERING; MARK OPTIONAL JACKPOT COLUMN IF YOU ARE GOING TO JACKPOT! ALL ENTRY FEES AND JACKPOT ARE PAID TO RODEO COMMITTEES--DO NOT SEND TO THE NDHSRA OFFICE.

ENTER	JACKPOT-\$10	BOTTINEAU-SATURDAY	FEES:		ENTER	JACKPOT-\$10	BOTTINEAU-SUNDAY	FEES:
		BOYS BAREBACK RIDING	\$23				BOYS BAREBACK RIDING	\$23
		BOYS COW CUTTING	\$27				BOYS COW CUTTING	\$27
		BOYS BULL RIDING	\$23				BOYS BULL RIDING	\$23
		BOYS SADDLE BRONC	\$23				BOYS SADDLE BRONC	\$23
		BOYS STEER WRESTLING	\$13				BOYS STEER WRESTLING	\$13
		BOYS TIE DOWN ROPING	\$13				BOYS TIE DOWN ROPING	\$13
		GIRLS BARREL RACING	\$13				GIRLS BARREL RACING	\$13
		GIRLS BREAKAWAY ROPING	\$13				GIRLS BREAKAWAY ROPING	\$13
		GIRLS COW CUTTING	\$27				GIRLS COW CUTTING	\$27
		GIRLS GOAT TYING	\$13				GIRLS GOAT TYING	\$13
		GIRLS POLE BENDING	\$13				GIRLS POLE BENDING	\$13
		TEAM ROPING-HEADER	\$13				TEAM ROPING-HEADER	\$13
		TEAM ROPING-HEELER	\$13				TEAM ROPING-HEELER	\$13

TR PARTNER NAME: _____ TR PARTNER NAME: _____

IN ADDITION TO ENTRY FEES, ALL CONTESTANTS PAY \$1 PER RODEO ENTERED FOR JUDGES.

We, the parent(s) or guardian(s) of _____ (student signature) give the St. Andrew's Health Center, 316 Ohmer St, Bottineau, ND and the Physicians on the medical staff of the Hospital(s) permission to administer NECESSARY EMERGENCY TREATMENT for injuries he or she may incur while participating in the BOTTINEAU HIGH SCHOOL RODEO(S). We understand that each contestant must be and is covered by medical insurance. (NOTE: NHSRA member insurance is supplemental to family coverage). We also understand that we are responsible for the cost of emergency transportation from said rodeo facilities should the need arise. We hereby release the St. Andrew's Health Center, 316 Ohmer St, Bottineau ND, the (local) Hospital, physicians on the medical staff, and the rodeo sponsors from all liability except for negligence.

SIGNED BY BOTH PARENTS AND/OR LEGAL GUARDIANS _____ AND _____

DATE: _____

All entry forms must be completed IN FULL--with signatures and postmarked to the NDHSRA office at least two weeks prior to the rodeo date. Draw outs must be called in to the office no later than 11 p.m. CT the Monday prior to the rodeo date. Mail all entries to NDHSRA, 9400 72nd St SE, Minot ND 58701.