## **2017 WALL HIGH SCHOOL PRACTICE RODEO**

Saturday May 13, 2017 Performance 4:00 PM MDT

## **FORM MUST BE POSTMARKED BY APRIL 26, 2017**

## ENTRY FEE IS \$25 PER TIMED EVENT AND \$40 PER ROUGH STOCK EVENT

Please Print		
	Address:	
Phone Number:	Town:	
2017 NHSRA Car	d #School You Attend:	
Check only the e	n All Around Average Award given with the Philip Practice Rodeo* vent(s) you wish to enter at the performance.  sure that a parent signs next to each event**	
	PARENT SIGNATURE	
Performance		
\$40	Saddle Bronc	
	Bareback	
\$40	Bull Riding	
\$25	Steer Wrestling	
\$25	Goat Tying	
\$25	Barrel Racing	
\$25	Pole Bending	
	Breakaway Roping	
	Calf Roping	
\$25	Team Roping	
Header	HeelerYou must list yo	ur partner to enter
MAKE CHECK OF	R MONEY ORDER PAYABLE TO: WALL YOUTH RODEO CLUB	TOTAL \$
SEND ENTRIES TO: BETSY SHEARER, 21848 TRASK RD, WALL, SD 57790 (605) 279-0112		
PARTICIPATING, OR We the parents of: _ staff of the Hospital participating in the S	WAIVER OF LIABILITY DEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HO ON THE RODEO GROUNDS. (name of contestant) give the local hospital and the Ph permission to administer NECESSARY EMERGENCY treatment for injuries he or she EDHRA practice rodeos. We understand that each contestant must be and is cover the hospital, physicians on the medical staff, and the RODEO SPONSORS from all li	nysicians on the Medical e may incur while ed by medical insurance.
CONTESTANT SIGNAPARENTS SIGNATUR	ATURE	
Association. The stud	dent meets current grade and conduct requirements as set forth by the National I dent must be passing in 70% of the classes they are taking to be eligible to compe ( Superintendent or Principal)	