

**Place:** Tehama County Fairgrounds  
Red Bluff, CA

**Date:** February 17,18 &19, 2012

Check-In: Cutters 9:00am Friday  
Others: 7:00 am Saturday-check in  
Will Close 30 min. before performance.

**RODEO:** Friday Cutting 10:00 am  
Saturday Performance 8:00am  
Sunday Performance 8:00am

**ENTRIES CLOSE FRIDAY February 3, 2012**

**MUST BE POSTMARKED BY 2/3/2012!**  
Late entries, entries post marked after February 3, 2012  
And/or "Metered Mail" will NOT be accepted- they will be  
Returned unopened!

**"Certificate of Mailing" advised!**

**Mail completed entries to: Stephanie Hammons**  
PO Box 1929, Cottonwood, CA 96022  
Questions: (530)966-7633  
Make Checks/money orders  
Payable to: CHSRA

Entry fee must accompany entry form, payment is not NEGOTIATED until  
After that rodeo. Entry forms received incomplete must be corrected before  
Draw and any unpaid entry fees must be paid before draw!

A current report card must be on file with Robin Doyle: 347-4375  
**WEBSITE: WWW.CHSRA.COM**

Do You Want To Volunteer to be a  
Draw Partner?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Header \_\_\_\_\_ Heeler \_\_\_\_\_

BOYS EVENTS	check	fee	GIRLS EVENTS	check	fee
SADDLE BRONC		\$65	GOAT TYING		\$55
BAREBACK		\$65	POLE BENDING		\$45
BULL RIDING		\$65	BARREL RACING		\$45
STEER WRESTLING		\$55	BREAKAWAY		\$55
TEAM ROPING(Header__Heeler__) Partner: _____		\$55	TEAM ROPING(Header__Heeler__) Partner: _____		\$55
TIE-DOWN ROPING		\$55	GIRLS CUTTING		\$55
BOYS CUTTING		\$55	<b>TOTALS-CHECK PAYABLE TO CHSRA</b>		
Total of Entry Fees	\$ _____		Please send correct monies!		
Office Fee(Mandatory)	\$ 20.00		TOTAL FEES ENCLOSED: \$ _____		

**PAYBACK \$10 FROM EACH ENTRY FEE(JACKPOT PAID ON AVERAGE)**

Contestants must be nhsra members. OPEN TO ALL DISTRICTS. POINTS TO DISTRICT #1 MEMBERS ONLY.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ CARD# \_\_\_\_\_ DIST # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE( ) \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

**RELEASE**

We, the parents of \_\_\_\_\_ (contestant name), give St. Elizabeth Medical Center and the physicians on the medical staff of the hospital permission to administer **NECESSARY EMERGENCY** treatment for injuries he or she may incur while participating in the District #1 High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release St. Elizabeth Medical Center, physicians on the medical staff, American Medical Response; and the officers, directors and volunteers of CHSRA District #1, Tehama Co. Fairgrounds and Four Star Rodeo from all Liability.

**SIGNATURES:**

Contestant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
(regardless of age of contestant)

**SCHOOL OFFICIAL VALIDATION**

I DO CERTIFY THAT THIS STUDENT MEETS BOTH THE NHSRA GRADE AND CONDUCT QUALIFICATIONS (IF CARRYING 4 SUBJECTS OR LESS, MUST BE PASSING IN ALL), AND CHSRA REQUIREMENTS WHICH ARE: STUDENT HAS AT LEAST A 2.0 GRADE POINT AVERAGE AS OF THE LATEST "GRADING PERIOD"(5 weeks or more)(GRADING PERIOD: QUARTER, SEMESTER OR "PROGRESS REPORTS" MAILED HOME THAT ARE GENERATED WITH ALL CURRENT GRADES AND GIVEN TO ALL STUDENTS (NO "WALK AROUND GRADES ARE ACCEPTED) STUDENT MUST BE IN GOOD STANDING, NOT RULED UNDESIRABLE FOR MISCONDUCT AT SCHOOL.

Signature & Title (Principal or Counselor) \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**SCHOOL SEAL!!!!!!**