



FINALS SHOOT OUT

Sweetwater, Texas
Nov 22- Nov 24, 2019

Make Checks Payable to: Jr Calf Roping Championships

Mail to : Box 228
Balmorhea, Texas 79718

For More info Call: Jody 432 940 0385

PLEASE PLACE AN X IN APPROPRIATE BOX

10 & UNDER BOYS AND GIRLS BREAKAWAY	\$165	<input type="checkbox"/>	ALL ROPINGS ARE 3 STRAIGHT HEAD- NO SHORT GO
12 & UNDER BOYS AND GIRLS BREAKAWAY	\$225	<input type="checkbox"/>	
12 & UNDER BOYS TIEDOWN	\$225	<input type="checkbox"/>	
15 & UNDER GIRLS BREAKAWAY	\$325	<input type="checkbox"/>	
15 & UNDER BOYS TIEDOWN	\$325	<input type="checkbox"/>	
19 & UNDER GIRLS BREAKAWAY	\$385	<input type="checkbox"/>	
19 & UNDER BOYS TIEDOWN	\$385	<input type="checkbox"/>	
ROPE LIKE A GIRL OPEN BREAKAWAY	\$500	<input type="checkbox"/>	

WORLD FINALS SHOOT OUT

ENTRY FEES _____
OFFICE CHARGE + \$25
TOTAL _____

No office charge for Open Ropers

NAME _____
Social Security Number _____
AGE _____ (as of 1/1/19) Date of Birth _____
ADDRESS _____
City _____ STATE _____ ZIP _____
PHONE _____ CELL PHONE _____
EMAIL _____

MUST HAVE BIRTH CERTIFICATE & W9 ON FILE TO ROPE

CHECK # _____
CREDIT CARD _____
CVS CODE _____
EXPIRATION _____ ZIP CODE _____

RELEASE

I assume full and complete responsibility for any injury, accident or damage done to my person or party which may occur during my participation in the Cody OHL Jr Calf Roping Championship- or while i am on the premises of this event, and hereby release and hold harmless any sponsors, promoters and all other persons or entities associated with this even from any and all injury, damage or expense .

We the parents or Guardians of _____ give the physicians on the Medical Staff permission to administer the necessary emergency treatment for injuries he/she may occur while participating in the Cody

Ohl Jr Calf Roping. We hereby release the hospital , Physicians, and Event Sponsors from all liability .

I also hereby give permission to the Cody Ohl Jr Calf Roping and FLO RODEO to use my name and any pictures/videos taken of me during the event

SIGNATURE OF RIDER _____

SIGNATURE OF PARENT _____